Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90139 024 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075715

CARTER'	S PUB, INC.					
Principal Place	of Business	Mailing Address				
2217 GARDEN STREET 2217 GARDEN STREET TITUSVILLE FL 32796 TITUSVILLE FL 32796						
,,,,,	02.00				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 09/02/1997	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26			59-3473942 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #,					5. Certificate of Status Desired \$8.75 Additional	
22 27					Fee Required	
City & State City & State				6. Election Campaign Financing \$5.00		
23 28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	try	This corporation owes the current year Intangible	
24	25	29	0		Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent		<u> </u>	10. Name and Address of New Registered Agent	
	ZO DICHADO A			31 Name		
MANZO, RICHARD A			1	32 Street	Address (P.O. Box Number is Not Acceptable)	
2395 S. WASHINGTON AVE., STE. 5			L		`	
TITUSVILLE FL 32780			8	33		
			1	34 City	.FI 85 Zip Code	
l office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au- tions of, Section 607.0505, Flori	tnorized i da Statut	es.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered'	
				against of against of the same		
12.	DPVS	DELETE	13.		Change Addition	
TITLE		□ beccie	1			
NAME	OMMEN, DOGGENO		1.2 NAM			
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP			_	-ST-ZIP	Change Addition	
TITLE	<u> </u>		2.1 TITL			
NAME	CARTER, DOUGLAS			ΒE		
STREET ADDRESS	ELIT GITTEL		2.3 STR	EET ADDRESS		
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TITL	E	☐ Change ☐ Addition	
NAME			3.2 NAM	IE.	a was was and the same of the	
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE	DELETE 4.1		4.1 TITL	E	☐ Change ☐ Addition	
NAME			4. 2 NA	Æ		
STREET ADDRESS			4.3 STR	EET ADDRESS	1	
CITY-ST-ZIP			4,4 CITY	-ST-ZIP	,	
TITLE		☐ DELETE	5.1 TITL		☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tylstee empowered to especific this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition