

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 JAN 23 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S17239** (2)

1. Corporation Name  
**FREDERICK CARROLL, III, C.P.A., P.A.**

Principal Place of Business  
**2425-A EAST MAHAN DRIVE  
TALLAHASSEE FL 32308**

Mailing Address  
**2425-A EAST MAHAN DRIVE  
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/10/1990**

3a. Date of Last Report  
**01/20/1994**

4. FEI Number  
**59-3038528**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **2640-A Mitcham Dr.**

2a. Mailing Address  
26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
**Tallahassee FL**

28 City & State

24 Zip  
**32308**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARROLL, FREDERICK, III  
2425-A EAST MAHAN DRIVE  
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2640-A Mitcham Dr.**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Frederick Carroll III*

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE: **1-14-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**  
NAME: **CARROLL, FREDERICK, III**  
STREET ADDRESS: **2425-A E. MAHAN DRIVE**  
CITY-ST-ZIP: **TALLAHASSEE FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS: **2640-A Mitcham Dr.**  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME: **Stephan D. Cotright**  
2.3 STREET ADDRESS: **2640-A Mitcham Dr.**  
2.4 CITY-ST-ZIP: **Tallah, FL 32304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME: **Sharon C. Richardson**  
3.3 STREET ADDRESS: **2640-A Mitcham Dr.**  
3.4 CITY-ST-ZIP: **Tallah, FL 32304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 trustee empowered to execute 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 original.

SIGNATURE: *Frederick Carroll III*

Signature typed or printed name of signing officer or director

DATE: **1-14-95** (104) 877-1099

**FREDERICK CARROLL III**