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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 121941

1. Corporation Name
Carlor Company Inc.

Principal Place of Business	Mailing Address
427 gleneagles ct. SE Winter Haven, Fla. 33884	427 Gleneagles ct. SE Winter Haven, Fla. 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1930

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 65
Suite, Apt. #, etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28 Montgomery Ctr., Vermont
Zip / Country 24 / 25	Zip / Country 29 05471 / 30 U.S.A.

4. FEI Number: NOT Applicable ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Daniels, David G. 427 gleneagles Ct SE Winter Haven, FL. 33884	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☒ DELETE	1.1 TITLE	PT	☐ Change ☒ Addition
NAME	Daniels, David G.		1.2 NAME	Daniels, Bruce W.	
STREET ADDRESS	427 gleneagles ct. SE		1.3 STREET ADDRESS	427 gleneagles ct. SE	
CITY-ST-ZIP	Winter Haven, Fl. 33884		1.4 CITY-ST-ZIP	Winter Haven, Fl. 33884	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Daniels, Alma		2.2 NAME		
STREET ADDRESS	427 gleneagles Ct. SE		2.3 STREET ADDRESS		
CITY-ST-ZIP	Winter Haven, Fl.		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Timm, Marta D.		3.2 NAME		
STREET ADDRESS	P.O. Box 65 (N/A)		3.3 STREET ADDRESS		
CITY-ST-ZIP	Montgomery Center, Vt. 05471		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Bruce, Carol D.		4.2 NAME		
STREET ADDRESS	185 Chicahauk Trail		4.3 STREET ADDRESS		
CITY-ST-ZIP	Southern Shores, N.C. 27949		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	400002499421	☐ Change ☐ Addition
NAME			6.2 NAME	-04/24/98--01035--019	
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4/24

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 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 address.

SIGNATURE: Marta D. Timm Marta D. Timm VD 4/7/98 802-326-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (10/97)