

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

0546014

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90068 044 \*\*\*150.00

DOCUMENT # 121941

1. Corporation Name

CARLOR COMPANY INC

Principal Place of Business

427 GLENEAGLES CT SE  
WINTER HAVEN FL 33884

Mailing Address

P.O. BOX 55  
MONTGOMERY CTR. VT 05471  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1930

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year. Intangible -  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DANIELS, DAVID G  
427 GLENEAGLES CT SE  
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name

Bruce W. Daniels PT

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

427 Gleneagles CT SE

83

84 City

Winter Haven

FL

85 Zip Code

33884

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

Bruce W. Daniels

Bruce W. Daniels-PT

1-22-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DANIELS, BRUCE W

STREET ADDRESS 427 GLENEAGLES CT SE

CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ DELETE

NAME TIMM, MARTA D

STREET ADDRESS P.O. BOX 55 N/A

CITY-ST-ZIP MONTGOMERY CENTER VT 05471

TITLE ☐ DELETE

NAME SD  
BRUCE, CAROL D

STREET ADDRESS 183 CHICAHUAU TRAIL

CITY-ST-ZIP SOUTHERN SHORES NC 27949

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Marta D. Timm Marta D. Timm 1/19/99 802-326-4646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)