

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathis
Secretary of State
Tallahassee, FLORIDA 32399

APPROVED
FILED

DOCUMENT # **233362** (3)
1. Corporation Name
CARROLL SAW CO INC

Principal Place of Business: **2019 W BEAVER ST JACKSONVILLE FL 32209 US**
Mailing Address: **2019 W BEAVER ST JACKSONVILLE FL 32209 US**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3. Date Incorporated in Country: **02/16/1960**
3a. Date of Last Report: **03/25/1994**
4. FEI Number: **59-0896339**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Foreign Corporation: Yes No

9. Name and Address of Current Registered Agent:
**MANLEY, MARTIN M.
4140 OLD MILL COVE TR E
JACKSONVILLE FL 32211
32277**

8. Date of Incorporation in Country: **02/16/1960**
8a. Date of Last Report: **03/25/1994**
4. FEI Number: **59-0896339**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Foreign Corporation: Yes No
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0102 and 607.0104, Florida Statutes, this person named as registered agent is a resident of the State of Florida. Such change was authorized by the corporation as based on a resolution of the board of directors, or upon the appointment as registered agent. Copy of resolution is attached to this filing pursuant to Section 607.0102, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P MANLEY, MARTIN M. 4140 OLD MILL COVE TRAIL JACKSONVILLE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	V RIEDER, JANE W. 1264 BRAEBURN RD. CONCORD NC	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	T RIEDER, DOUGLAS W. 1264 BRAEBURN RD. CONCORD NC	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	S MANLEY, ANNETTE G. 4140 OLD MILL COVE TRAIL JACKSONVILLE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the corresponding state or has been filed in the Florida Statutes. I further certify that the information submitted on this annual report or supplemental filing complies with the provisions of the Florida Statutes and that my signature shall have the same legal effect as if made under oath. That this information is true for all the corporations or the members of trustee corporations. The name of the filer is accompanied by Chapter 447, Florida Statutes, and that my name appears on Block 1, on Block 1, of a computer or on an affidavit filed with this filing.

SIGNATURE: *Martin M. Manley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN M. MANLEY

4/28/95 904-354-8560