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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

233362

(3)

**CARROLL SAW CO INC** 

Principal Place of Business
2019 W BEAVER ST
INCKCONNULLE EL 20000

US

Mailing Address

2019 W BEAVER ST JACKSONVILLE FL 32209 US



3. Date Incorporated or Qualified 3a. Date of Last Report

				02/16/1960	05/01/19	05/01/1995	
2. Principal Pki	oe of Business	2a. Mailing Address	*************************		4. FE! Number		Applied For
21 26		26			59-0896339		Vot Applicable
Suite, Apt. #, etc. Suite, Apt. #, 22 27		Suite, Apt. #, etc.	c.		5. Certificate of Status Desired	T	Additional Required
City & State         City & St           23         28			tate		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζφ <b>29</b>	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	EY, MARTIN M. DLD MILL COVE TR E		8		ress (P.O. Box Number is Not Acceptable	6)	
	ONVILLE FL 32277		8	3			
			8	4 City		FL 85 Zig	Code
or registere	o the provisions of Sections 607.0502 a of agent, or both, in the State of Florida n, and accept the obligations of, Section	<ul> <li>Such change was authori</li> </ul>	ized by the cor	named corpo poration's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing its ri intment as registered	egistered office agent, I am
SIGNATURE	Signature, typed or printed here of registered agent an	d little it applicable (N	IOTE: Registered Ap	gent signature require	ou when reinstating	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12
TITLE	P	DELETE	1. 1 TITLI	E [		Change	Addition
NAME	MANLEY, MARTIN M.		1.2 NAMI	Ε [			
STREET ADDRESS	4140 OLD MILL COVE TRAIL		1.3 STRE	ET ADDRESS			
CITY-S1-ZIP	JACKSONVILLE FL			-ST-ZiP			
TITLE	V	DELETE		F		Change	Addition
NAME	RIEDER, JANE W.		2.2 NAMI	ε		<del></del> -	
STREET ADDRESS			4	ET ADDRESS			
CITY-S1-ZP	CONCORD NC		2.4 CITY	i			
TITLE	T CONCORD NO		3.1111			T1 Change	Addition
NAME	RIEDER, DOUGLAS W.		3.2 NAM	!		Lad Grange	
STREET ADDRESS	1264 BRAEBURN RD.			ET ADDRESS			
CITY-S1-ZIP	CONCORD NC		3.4 CHY	l			
TITLE	S	[ ] DELETE	3.4 UHY 4. 1 ]:[L			Change	Addition
NAME	MANLEY, ANNETTE G.	LJ OCCUP	4.1 IIIL			L.J. Onengo	L.J Abbreon
STREET ADDRESS	4140 OLD MILL COVE TRAIL						
	JACKSONVILLE FL			ET ADDRESS			
CITY-ST-ZIP TITLE	NACKOUNVILLE FL	[ ] DELETE	4.4 CITY		***************************************	Change	Addition
· I		[_] OLLCIE	5. 1 TTL			L Griange	F" NOTHION
NAME			5.2 NAMI	·		•	
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP		f"l pri rar	5.4 City			F7 CI	FD Address
TIRE		[]] DELETE	6. 1 T-7L	i		Change	Addition
NAME			6.2 NAM	}			
STREET AUDRESS			6.3 STRE	ET ADDRESS	·		
CITY - ST - ZIP			6.4 CITY	-SI-7:P			

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 119.07(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 reseiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 it ghanged, or organ attachment with an applicas.

SIGNATURE:

116/96 914 354 8560