

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 240928 (2)
1. Corporation Name
CARTER & VER PLANCK, INC.



Principal Place of Business
4918 W GRACE ST
P.O. BOX 24169
TAMPA FL 33623-4169

Mailing Address
4918 W GRACE ST
P.O. BOX 24169
TAMPA FL 33623-4169

3. Date Incorporated or Qualified 10/07/1960 3a. Date of Last Report 04/04/1995
4. FEI Number 59-0913697 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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

VERPLANCK, GEORGE B.
4918 W GRACE STREET
TAMPA FL 33607

10. Name and Address of New Registered Agent

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:

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	V	NAME	CANTOS, P.J.	DELETED
STREET ADDRESS			110 CULBREATH ISLES	
CITY-ST-ZIP			ODESSA FL	
TITLE	P	NAME	VERPLANCK, GEORGE	DELETED
STREET ADDRESS			2204 SHADEHILL COURT	
CITY-ST-ZIP			TAMPA FL	
TITLE	ST	NAME	SCHWARZ, MARLENE L	DELETED
STREET ADDRESS			1020 HIDDEN COURT	
CITY-ST-ZIP			LAKELAND FL	
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		11005 WEST CT	ODESSA FL 33556	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		1110 CULBREATH ISLES DRIVE	TAMPA, FL 33629	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		ST JEAN A. MIDDLETON	2777 ENTERPRISE RD EAST #53	☐	☒
		CLEAR WATER, FL	34619		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		P SHADE M. CHIBANI	4923 ANDROS DRIVE	☐	☒
		TAMPA, FL	33629		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				☐	☐

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

813/877-9403

Daytime Phone #

CR2E034 (12/95)