

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 # 288578 (8)

1. Corporation Name

CARROLL RHODEN, INC.



Principal Place of Business

335 RHODEN LOOP RD.W.
FORT MEADE FL 33841

Mailing Address

335 RHODEN LOOP RD.W.
FORT MEADE FL 33841

3. Date Incorporated or Qualified

01/13/1965

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1117851

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 has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHODEN, CARROLL L., SR.
335 RHODEN LOOP RD. W.
FT MEADE FL 33841

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CB
NAME RHODEN, CARROLL L.
STREET ADDRESS 335 RHODEN LOOP RD.
CITY- ST- ZIP FT MEADE, FL 00000 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DC
NAME RHODEN, CARROLL L., SR.
STREET ADDRESS 335 RHODEN LOOP RD. W.
CITY- ST- ZIP FT MEADE, FL 00000 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE P
NAME RHODEN, RALPH
STREET ADDRESS 6003 N CHRISTINA DR
CITY- ST- ZIP LAKELAND, FL 00000 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE D
NAME BROWN, JOE C., JR.
STREET ADDRESS 1139 LAKE POINT TERRACE
CITY- ST- ZIP LAKELAND, FL 00000 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE V
NAME RHODEN, CARROLL L., JR.
STREET ADDRESS 340 RHODEN LOOP RD.
CITY- ST- ZIP FT MEADE, FL 00000 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ST
NAME RHODEN, LOVIE G
STREET ADDRESS 335 RHODEN LOOP RD. W.
CITY- ST- ZIP FT MEADE, FL 00000 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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:

Carroll L. Rhoden Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

941-635-3124

Daytime Phone #

CR2E034 (12/95)