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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33841-9410



3. Date Incorporated or Qualified

01/13/1965

3a. Date of Last Report

04/18/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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	CB	<input type="checkbox"/> DELETE
NAME	RHODEN, CARROLL L	
STREET ADDRESS	335 RHODEN LOOP RD.	
CITY-ST-ZIP	FT MEADE, FL 00000	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	RHODEN, CARROLL L., SR.	
STREET ADDRESS	335 RHODEN LOOP RD. W.	
CITY-ST-ZIP	FT MEADE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RHODEN, RALPH	
STREET ADDRESS	8003 N CHRISTINA DR	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JOE C., JR.	
STREET ADDRESS	1139 LAKE POINT TERRACE	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RHODEN, CARROLL L., JR.	
STREET ADDRESS	340 RHODEN LOOP RD.	
CITY-ST-ZIP	FT MEADE, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	RHODEN, LOVIE G	
STREET ADDRESS	335 RHODEN LOOP RD. W.	
CITY-ST-ZIP	FT MEADE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE REQUIRED

Carroll L. Rhoden, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)