FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mcrtham 🗽

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT # 288578

(8)

FILED Mar 26 1998 8:00am Secretary of State

| CARROLL RHODEN, INC. | | | | |
|--|---|--|-----------------------------------|---|
| Principal Place | e of Business | Mailing Address | | 4 188110 11884 18181 18181 18181 1818 1811 18891 1811 81811 81811 81811 81811 81811 81811 81811 |
| 335 RHODEN LOOP RDW. 335 RHODEN LOOP RDW. FORT MEADE FL 33841 FORT MEADE FL 33841 | | | | DO NOT WRITE IN THIS SPACE |
| Į. | | | | 3. Date Incorporated or Qualified 01/13/1965 |
| 9 Principal P | lace of Business | 2a. Mailing Address | | 4, FEI Number Applied For |
| 21 | | 26 | | 59-1117851 Not Applicable |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | SR 75 Additional |
| 22 | | 27 | _ | 5. Certificate of Status Desired Fee Required |
| City & State | 9 | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip 2911 0110 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24 <i>33841-</i> | 94/0 25 Name and Address of Curren | 29 37841-9410 | 30] | 10. Name and Address of New Registered Agent |
| 511 | | i Hegistereo Agent | 81 Name | 10. |
| RHODEN, CARROLL L., SR. | | | | |
| 335 RHODEN LOOP RD. W. | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) |
| . 11 | MEADE FL 33841 | | 83 | |
| • | | | | lool 75- Code |
| | | | 84 City | FL 85 Zip Code 7384L-9410 |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statute | s, the above-named corp | |
| office or re | egistered agent, or both, in the State | of Florida, Such change was au ations of Aection 607,0505, Flor | uthorized by the corporat | lion's board of directors. I hereby accept the appointment as registered |
| 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 typic of printed man set rugistic education | ill and the it applicable (NOTE | Registered Agent signature requir | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | CB | DELETE | 1.1 TITLE | SA Change ☐ Addition |
| NAME | RHODEN, CARROLL L | | 1.2 NAME | |
| STREET ADDRESS | 335 RHODEN LOOP RD. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MEADEM, FL 00000 | TT DELETE | 1.4 CITY-ST-ZIP | 9789/74/0 |
| TITLE | DC | ☐ DELETE | 2.1 TITLE | Change Li Adulton |
| NAMÉ | RHODEN, CARROLL L., SR. | | 2.2 NAME | |
| STREET ADDRESS | 335 RHODEN LOOP RD. W. | | 2.3 STREET ADDRESS | 37941_9417 |
| CITY-ST-ZIP | FT MEADE, FL 00000 | ☐ DELE TE | 2. 4 CITY-ST-ZIP 3.1 TITLE | Change Addition |
| TITLE | P DUODEN DALBU | beec. | 3.2 NAME | |
| NAME ATREET ADDRESS | RHODEN, RALPH 6003 N CHRISTINA DR | | 3.3 STREET ADDRESS | |
| STREET ADDRESS | LAKELAND, FL 00000 | | 3.4. CITY-ST-ZIP | 332/3 |
| CITY-ST-ZIP TITLE | V | DELETE | 4.1 TITLE | Change Addition |
| NAME | RHODEN, CARROLL L., JR. | | 4. 2 NAME | |
| STREET ADDRESS | 340 RHODEN LOOP RD. | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MEADE, FL 00000 | | 4.4 CITY - ST - ZIP | <i>3784</i> / |
| TITLE | 11 MEADE, 1E 0000 | DELETE | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | - 1 5 |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 3.76 |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | 2.04 |
| TITLE | | DELETE | 6.1 TITLE | 6000024700æ9nange □ Addition -03/27/9801004032 |
| NAME | | | 6.2 NAME | -03/27/9801004034 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | ***150.00 |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | |
| aa Ibarabu | | ith this filing done not quality for | | 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.

9-911-95