

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90140 026 ***150.00

DOCUMENT # 288578

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1965

4. FEI Number

59-1117851

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

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 33841-9410	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	RHODEN, CARROLL L., SR.	
STREET ADDRESS	335 RHODEN LOOP RD. W.	
CITY-ST-ZIP	FT MEADE FL 33841-9410	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RHODEN, RALPH	
STREET ADDRESS	6003 N CHRISTINA DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RHODEN, CARROLL L., JR.	
STREET ADDRESS	340 RHODEN LOOP RD.	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARROLL L RHODEN, SR

3/15/99 941/635-3124

Date

Daytime Phone #

CR2E034 (11/98)