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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 330749 (3)

1. Corporation Name

RAY CARTER INC.



Principal Place of Business

Mailing Address

6373 BLANDING BLVD.
JACKSONVILLE FL 32244

6373 BLANDING BLVD.
JACKSONVILLE FL 32244

3. Date Incorporated or Qualified

05/31/1968

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, RAYMOND L.
5110 SANTA CRUZ LANE
JACKSONVILLE FL 32210

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CARTER, RAYMOND L.
STREET ADDRESS
5110 SANTA CRUZ LANE
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
CARTER, DOROTHY B
STREET ADDRESS
5110 SANTA CRUZ LANE
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
CARTER, R. RAYMOND
STREET ADDRESS
3385 COASTAL HWY 14
CITY-STATE-ZIP
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
CARTER, DOROTHY B.
STREET ADDRESS
5110 SANTA CRUZ LANE
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 9047716078
Date Daytime Phone #

CR2E034 (12/95)