

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **357517** (2)
1. Corporation Name
W. R. CARLSON COMPANY, INC.

FILED
Oct 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**47 MANRESA STREET
PENSACOLA FL 32501**

Mailing Address
**1415 N. 20TH AVE.
47 MANRESA STREET
PENSACOLA FL 32501**

2. Principal Place of Business
21 1415 N. 20th Ave.
Suite, Apt. #, etc.
22 City & State
23 Zip
24 32503 Country
25

2a. Mailing Address
26 1415 N. 20th Ave.
Suite, Apt. #, etc.
27 City & State
28 Zip
29 32503 Country
30

3. Date Incorporated or Qualified
12/31/1969
4. FEI Number
59-1303986 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**CARLSON, W R (deceased)
47 MANRESA ST 1415 N. 20TH AVE.
PENSACOLA FL**

81 Name
Mary E. Carlson
82 Street Address (P.O. Box Number is Not Acceptable)
1415 N. 20th Ave.
83
84 City
Pensacola FL 85 Zip Code
32503

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 **Mary E. Carlson** (NOTE: Registered Agent signature required when reinstating) DATE **10/9/98**

12. OFFICERS AND DIRECTORS
TITLE **D** ☒ DELETE
NAME **CARLSON, W R**
STREET ADDRESS **1415 N 20TH AVE**
CITY-ST-ZIP **PENSACOLA FL**
TITLE **S** ☐ DELETE
NAME **CARLSON, MARY E**
STREET ADDRESS **1415 N 20TH AVE**
CITY-ST-ZIP **PENSACOLA FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: **Mary E. Carlson** REQUIRED

9/11/98

CR2E034 (5/98)