

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **418292** (9)

1. Corporation Name  
**CARGLEN, INC.**



Principal Place of Business  
**8601 4TH STREET NORTH  
SUITE 203B  
ST. PETERSBURG FL 33702  
US**

Mailing Address  
**8601 4T STREET NORTH  
SUITE 203-B  
ST. PETERSBURG FL 33702  
US**

3. Date Incorporated or Qualified <b>02/05/1973</b>	3a. Date of Last Report <b>03/06/1995</b>
4. FEI Number <b>59-1437855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4569 Clearwater Harbor Dr</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P. O. Box 188</b> Suite, Apt. #, etc.
22 City & State <b>Largo, FL</b>	27 City & State <b>Indian Rocks Beach, FL</b>
23 Zip <b>34640</b>	28 Zip <b>34635-0188</b>
24 Country	29 Country

9. Name and Address of Current Registered Agent

**CAGNO, CELESTINO A.  
3900 FOURTH STREET NORTH  
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

81 Name <b>Glenn Arthur</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4569 Clearwater Harbor Drive</b>
83
84 City <b>Largo</b>
85 Zip Code <b>FL 34640</b>

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 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 *Glenn Arthur, President*  
Signature, typed or printed name of registered agent and official applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARTHUR, GLENN</b>		1.2 NAME <b>Arthur, Glenn</b>	
STREET ADDRESS <b>4569 CLEARWATER HARBOR</b>		1.3 STREET ADDRESS <b>4569 Clearwater Harbor Drive</b>	
CITY- ST- ZIP <b>LARGO, FL 00000</b>		1.4 CITY- ST- ZIP <b>Largo, FL 34640</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAGNO, CELESTINO</b>		2.2 NAME	
STREET ADDRESS <b>6750 BAYOU GRANDE BLVD N</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP <b>ST PETERSBURG, FL 00000</b>		2.4 CITY- ST- ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARTHUR, CAROL</b>		3.2 NAME	
STREET ADDRESS <b>4569 CLEARWATER HARBOR</b>		3.3 STREET ADDRESS	
CITY- ST- ZIP <b>LARGO, FL 00000</b>		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>VTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Arthur, Diane</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>636 182nd Avenue North</b>	
CITY- ST- ZIP		4.4 CITY- ST- ZIP <b>Redington Shores, FL 33708-1033</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Arthur, Terrance</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>1116 Piedmont Road</b>	
CITY- ST- ZIP		5.4 CITY- ST- ZIP <b>Venice, FL 34293</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- 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: *Glenn Arthur*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96  
Date

812-581-1126  
Daytime Phone #