

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:19

DOCUMENT # **452519** (2)

1. Corporation Name
CONRAD CARTER ENTERPRISES, INC

Principal Place of Business Mailing Address
1314 RADCLYFFE ROAD ORLANDO FL 1314 RADCLYFFE ROAD ORLANDO FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/06/1974** 3a. Date of Last Report **06/14/1994**
4. FEI Number **59-1522411** 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 has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CARTER, JR. CONRAD
1314 RADCLYFFE ROAD
ORLANDO FL**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when consolidating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CONRAD, JR	12 NAME	
STREET ADDRESS	1314 RADCLYFFE ROAD	13 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	14 CITY- ST- ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, WILLIAM	22 NAME	
STREET ADDRESS	1176 SPRING MILL DRIVE	23 STREET ADDRESS	
CITY- ST- ZIP	LILBURN GA	24 CITY- ST- ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ROBERT	32 NAME	
STREET ADDRESS	1507 IOWA PLACE	33 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	34 CITY- ST- ZIP	
TITLE	ST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ROSEMARY	42 NAME	
STREET ADDRESS	1314 RADCLYFFE ROAD	43 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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 or liquidator empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Conrad Carter, Jr. **20 MAY 95** **407 425-1505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Full (Typed Name &)