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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

469828

(8)

CARL CARLTON CORP.

**FILED** 

Jan 28 1998 8:00am

Secretary of State

Mailing Address

5858 MIDNIGHT PASS ROAD

Principal Place of Business

5858 MIDNIGHT PASS ROAD

SARASOTA FL 34242		SARASOTA FL 34242	SARASOTA FL 34242		DO NOT WOITE IN THIS	ODA OF
{	•				DO NOT WRITE IN THIS:  3. Date Incorporated or Qualified	STACE
					02/12/1975	
2 Principal P	lace of Business	2a. Mailing Address		1		Applied For
21 589	TO MIONIGHT MAS RO	26. Mailing Address 26. 5858 H//	10/114	1445 KM	59-1595350	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · v · vy·····		98-1080300	\$8.75 Additional
22 SARASOM, FL 27					5. Certificate of Status Desired	Fee Required
City & State City & State 28 SHAM V			r,FL	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	~ ~ ~	8. This corporation owes or has paid the cur	rent year Intangible
24 34 V4		29 24747	30 U	71	l · · · · · · · · · · · · ·	Yes Ho
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent
C/	ARLTON, CARL		B1	Name		
5858 MIDNIGHT PASS ROAD			82	Street Address	ss (P.O. Box Number is Not Acceptable)	
S/	TRASOTA FL 3004 34242			Direct Fiderica	is (1.6. Box Hamber is Not Notoptable)	
	91 a 7 ~		83			
			84	City		ne Zin Codo
			04	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						
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	banupat avutangla t	when reineleting)  DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P OTTOCKS AND	DELETE	1.1 TITLE		ADDITIONS CHANGES TO OFFICE AS AND	Change Addition
NAME	CARLTON, CARL		1.2 NAME	}		Contract Contract
STREET ADDRESS 5858 MIDNIGHT PASS ROAD			1.3 STREET A	pperce		
· ·	ALDIAGE E			1		
CITY-ST-ZIP TITLE	VS	☐ DELETE	1.4 CITY-ST- 2.1 TITLE	- 217		Change Addition
NAME			2.2 NAME			Change
STREET ADDRESS	TARE LANGUAGE BARA MAIN		2.3 STREET A	nnacce		
CITY-ST-ZIP	A454A454			1		
TITLE	D DELETE		2.4 CITY-ST 3.1 TITLE	- 211		Change Addition
NAME	CARLTON, JILL		3.2 NAME			
STREET ADDRESS	A SECTION ASSESSMENT OF THE SECTION ASSESSME		3.3 STREET A	nnacee		
CITY-ST-ZIP	DOOUT 11 OF 00 / 1/0/1		3.4. CITY-ST-ZIP			
TITLE	DELETE DELETE		4.1 TITLE			Change Addition
NAME	CARLTON, BRUCE	<b>_</b>	4, 2 NAME			
STREET ADDRESS	l assessinger		4.3 STREET A	nnpres		
CITY-ST-ZIP	RODEO CA 94572		4.4 CITY - ST -	ſ		
TITLE	HODEO ON 143 10	DELETE	5.1 TITLE	- 24		Change Addition
NAME			5.2 NAME			
STREET ADDRESS	<del></del>		5.3 STREET A	ndress		
CITY-ST-ZIP			5.4 CITY-ST			
TITLE		DELETE	6.1 TITLE	- 611		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DDRESS		
CITY-ST-ZIP			6.4 CITY-ST-			
	certify that the information supplied with	this filing does not qualify for			ection 119.07(3)(i), Florida Statutes. I further ce	rtify 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