SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 488476

(3)

CAREY INVESTMENT CORPORATION, INC.

Principal	Place	of	Business	

Mailing Address

FILED Jul 30 1997 8:00am Secretary of State



POST OFFICE BOX 308 NEW PROT RICHEY FL 34656-0308 POST OFFICE BOX 308 NEW PROT RICHEY FL 34856-0308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/27/1975 4. FEI Number 04/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-1648141 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WERNER, E. V. 4932 MARLIN DR. 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34652** 83 84 City 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 Agont signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE ☐ Change Addition NAME BOYCE, W. H. 1.2 NAME STREET ADDRESS 4044 NEWPORT DR 1.3 STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition WERNER, E. V. 2.2 NAME STREET ADDRESS 4932 MARUN DR. 2.3 STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME WERNER, E. V. 3.2 NAME STREET ADDRESS 4932 MARLIN DR. **3.3 STREET ADDRESS NEW PORT RICHEY FL** CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - \$1 - ZIP TITLE DELETE 61 TITLE Change 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 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 eath; 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 or an altachment with an address.