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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 519644 (9)

1. Corporation Name
CARLISLE MOTORS, INC.

Principal Place of Business
2085 GULF-TO-BAY BLVD.
CLEARWATER FL 34625

Mailing Address
2085 GULF-TO-BAY BLVD.
CLEARWATER FL 34625-3211



3. Date Incorporated or Qualified 12/03/1976
3a. Date of Last Report 02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 450 E. Las Olas Blvd.

22 City & State

27 Ste. 1200

23 Zip

Country

28 Ft. Lauderdale, FL

24

25

29 33301

Country

30 USA

4. FEI Number 59-0792857
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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLISLE, DAN W.
2085 GULF-TO-BAY BLVD.
CLEARWATER FL 34625

81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 S. Pine Island Rd.
84 City Plantation, FL 85 Zip Code 33304

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 *Victor Medina* Special Asst Secretary 4-17-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	CARLISLE, STEVEN D	
STREET ADDRESS	224 POINCIANA LANE	
CITY-ST-ZIP	HARBOR BLUFFS FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	CARLISLE, D W	
STREET ADDRESS	426 ST ANDREWS DR	
CITY-ST-ZIP	BELLEAIR, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILKERSON, SCOTT	
STREET ADDRESS	128 BUENA VISTA DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, BOBBY D.	
STREET ADDRESS	4773 BERWYN CT.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott Wilkens	
1.3 STREET ADDRESS	128 Buena Vista Dr.	
1.4 CITY-ST-ZIP	Dunedin, FL	
2.1 TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas W. Hawkins	
2.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	DVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard L. Handley	
3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: *Richard L. Handley* Richard L. Handley 4/17/97 954-713-5300
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)