

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 530938 (0)

1. Corporation Name
CARSON SALES, INC.



Principal Place of Business
412 E. MADISON STREET, SUITE 1101
PO BOX 23402
TAMPA FL 33623

Mailing Address
412 E. MADISON STREET, SUITE 1101
PO BOX 23402
TAMPA FL 33623

3. Date Incorporated or Qualified 04/06/1977	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1738878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23	28
24	25
29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRECKENRIDGE, JOHN JR. 2502 ROCKPOINT RD SUITE 225 TAMPA FL 33607		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLHAM, MARK	1.2 NAME	
STREET ADDRESS	1009 PIERCE DR BLDG 3 APT 205	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, WILLIAM	2.2 NAME	
STREET ADDRESS	4508 AZEELE ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, JAMES T CEO	3.2 NAME	
STREET ADDRESS	4508 AZEELE ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, LORRAINE	4.2 NAME	
STREET ADDRESS	4508 AZEE 1C ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33809	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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: J. Carson 4/14/96 813 2296 322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (12/95)