

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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 04/06/1977	
21		25		4. FEI Number 59-1738878	
22		26		Applied For Not Applicable	
23		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26		30			

9. Name and Address of Current Registered Agent BRECKENRIDGE, JOHN JR. 2502 ROCKPOINT RD SUITE 225 TAMPA FL 33607				10. Name and Address of New Registered Agent 81 Name William Oliver 82 Street Address (P.O. Box Number is Not Acceptable) 2606 Morrison Avenue 83 84 City Tampa FL 85 Zip Code 33629			
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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

William Oliver
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCEO	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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 33609			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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:

J. Carson
J. CARSON

1/6/98 8132296322

CR2E034 (10/97)