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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575710

(9)

CARTER & COMPANY

Principa!	Place	of	Busines	ŝŝ		

Mailing Address

FILED Mar 14 1997 8:00am Secretary of State



i ilicipari iace	D OI DOSIIIDOS	Maining Address							
120 N. FLORIDA BARTOW FL 33 US		P O BOX 1474 BARTOW FL 33831-1474 US							
			 Date Incorporated or Qualified 06/07/1978 	nte of Last Report					
	ace of Business O FAIRM OUNTAVE.	2a. Malling Address	596	ζ	4. FEt Number 59-1823614			applied For	
21 2 2 2 Suite, Apt					09-1023014	09-1020014		Not Applicable \$8.75 Additional	
22	#, 0 (C.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required		
City & State	City & State City & State		6. Election Campaign Financing		\$5.00 May Be				
	ELAND Country	28 LAKELAND		Trust Fund Contribution	<u> </u>	Added to Fees			
zip 24 338	03 25 POLK	7 ip Country 8. This corporation has liability for intaggible tax Florida Statutes Tyes No pistered Agent 10. Name and Address of New Registered Agent 10. Name and New Registered Agent			No	No			
	9. Name and Address of Current F	tegistered Agent	B1	Name	10. Name and Address of New	registered /	rgent		
	TER, GROVER J., JR.			Ivairie					
	n. Florida ave Tow Fl 33830		82		Address (P.O. Box Number is Not Accept 1320 FAIRMOUNT	able) 4v&			
pani	1011 FL 33030		83		220 / 111111 0 4/11 /	1012			
			84	City 7			85 Zip	Code	
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AKELAND	<u>FL</u>		3803	
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	horized b	y the corp	corporation submits this statement for the poration's board of directors. I hereby acc	e purpose of ept the app	changing ointment as	its registered s registered	
SIGNATURE									
12.	Signature, typed or printed name of rog-slered agent a OFFICERS AND I		tegistered Ac	ent signature	required when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIDECTO	DO IN 16	
TITLE	PD	DELETE	1.1 TOLE		ADDITIONS/OF IANGED TO OF	TOLINO AND	Change		
NAME	CARTER, GROVER J. JR		1.2 NAME				_ •		
STREET ADDRESS	701 CREEKWATER TERR #213		1.3 STREE	T ADDRESS :	2320 FAIRMOUNT	AVE	_	[]	
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-	ST-ZIP	LAKELAND, FT. 3	3803			
TITLE	VPD	DELETE	2.1 TITLE				Change	☐ Addition	
NAME	CARTER, WALTER A.		2.2 NAME	ĺ					
STREET ADDRESS	1986 DOC LINDSEY RD		2.3 STREE	1 ADDRESS				į.	
CITY-ST-ZIP	FT MEADE FL		2 4 CITY	ST-ZIP					
TITLE		☐ DELETE	3 1 11TLF				L Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP		DELETE	3.4 CITY	ST-ZIP			Change	Addition	
TITLE		[_] bittit	4.1 TITLE	.			Change	L Addition	
NAME ATOREX ADDRESS			4. 2 NAMI						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	S1-ZIF			Change	Addition	
NAME		- Perri	5.2 NAME				FT Ollougo		
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		4	5.4 CITY -						
TITLE		DELETE	6.1 TITLE	01-511			Change	Addition	
NAME		 · ·	6.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			6.4 CITY						
44 1 1 1 1 1 1 1 1		10 10 10 10	J. 1 On 1 *				C.C. Alex		

4. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 23 if chapter 607, an attachment with an address.

CONSTUDE CONTROL OF THE CONTROL

2/10/92 (au) Kez-379/