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95 MAR -1 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT  
1995



STATE OF FLORIDA  
Department of Banking  
and Finance  
CORPORATION DIVISION

DOCUMENT # 618253 (9)

CARET CORPORATION

Principal Place of Business: 4020 S.W. 78TH STREET, GAINESVILLE FL 32608-3608  
Mailing Address: 4020 S.W. 78TH STREET, GAINESVILLE FL 32608-3608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/20/1979	3a. Date of Last Report 02/25/1994
4. FEI Number 59-1922200	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 checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
22		27	
23. City & State		28. City & State	
23		28	
24. Zip	25. Country	29. Zip	30. Country
24		29	

9. Name and Address of Current Registered Agent

VERMELLE C. YORK  
4020 SW 78TH ST.  
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature must be printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	YORK, E.T. JR
STREET ADDRESS	4020 S.W. 78TH STREET
CITY, ST, ZIP	GAINESVILLE, FL 32608
TITLE	PD
NAME	YORK, VERMELLE C
STREET ADDRESS	4020 S.W. 78TH STREET
CITY, ST, ZIP	GAINESVILLE, FL 32608
TITLE	DV
NAME	YORK, GUY L
STREET ADDRESS	3929 SW 80TH WAY
CITY, ST, ZIP	GAINESVILLE FL
TITLE	D
NAME	YORK, TRAVIS L.
STREET ADDRESS	4020 S.W. 78TH STREET
CITY, ST, ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>Delete Travis L. York from Director</i>
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. This is an affidavit of the 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 on Block 12 or Block 13 of changes, or on an attachment with an address.

SIGNATURE: *Vermelle C. York* 2-2-95 94-3276-0022  
VERMELLE C. YORK (Typed Name of Signing Officer or Director)