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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(0)

CARTER AND CARTER ENTERPRISES, INC.

Principal Place of Business Mailing Address					8 1811 (1981) 81911 81811 81811 81811 81811 1983	
720 TURKEY NAPLES FL S		720 TURKEY OAK Naples Fl 33963	LN.			
					3. Date Incorporated or Qualified 10/25/1979	3a. Date of Last Report 04/17/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 36-2791415	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Cou	ntry	Trust Fund Contribution 8. This corporation has liability for its	Added to Fees
24	25 9. Name and Address of Curre	29	30		Florida Statutes Yes 10. Name and Address of New R	□ No legistered Agent
,,,,,				81 Name	4514. 1814 41 45 - 30 4 17 17 17 17 17 17 17 17 17 17 17 17 17	
CARTER, JAINE M 720 TURKEY OAK LN				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	FL 33963			83		
				84 City		FL 85 Zip Code
or registere familiar with SIGNATURE	ed agent, or both in the State of Flori h, and accept the obligations of, Sec	ida. Such change was auth tion 607.0505, Florida State	orized by the c utes.	orporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
	Signature, typed or printed name of registered agen			Agent signal ire require		DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	Change Addition
TITLE			1.11		•	LI Change LI Addition
NAME	CARTER, JAMES D		1.2 N/			
STREET ADDRESS CITY-ST-ZIP	720 TURKEY OAK LN. NAPLES FL 33963			REET ADDRESS TY-ST-7IP		
TITLE	PD	PD DELETE 2		TLE		Change Addition
NAME	CARTER, JAINE M		2 2 N	ME		
STREET ADDRESS	720 TURKEY OAK LN.		2351	REET ADDRESS		
CITY-SI-ZIP	NAPLES FL 33963		2 4 C	TY+ST-ZIP		ļ
TITLE	DELFTE 3 1		1.5		☐ Change ☐ Addition	
NAME	3.2 N		LIVE .			
STREET ADDRESS			3.3 \$	TREET ADDRESS		
CITY-ST-ZIP			3.4 CI	TY-ST-ZIP		İ
TITLE	DELETE 411				Change Addition	
NAME			4.2 N	vwe		
STREET ADDRESS			435	REET ADDRESS		
CITY-SI-ZIP				TY-ST-ZIP		
TITLE		DELETE 51				Change Addition
NAME			52 N			
STREET ADDRESS				REFT ADDRESS		j
				TY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 T			Change Addition
NAME			6.1 N			
NAME	I		UZN	119 6		1

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 cath; 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 adjustment with an address.

6 3 STREET ADDRESS

SIGNATURE;

STREET ADDRESS

CR2E034 (12/95)