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 # **656815** **(8)**

1. Corporation Name

S.M. CARLTON, INC.

Principal Place of Business

416 CHARLES STREET
PORT ORANGE FL 32119-3402

Mailing Address

416 CHARLES STREET
PORT ORANGE FL 32119-3402

3. Date Incorporated or Qualified: **02/22/1980**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-1987312** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has activity for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

CARLTON, JONATHAN L.
416 CHARLES ST.
PORT ORANGE FL 32019

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 607.0505 and 607.0506, 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

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	CARLTON, HOWARD MILTON	
Street Address	416 CHARLES ST.	
City, St, Zip	PORT ORANGE FL	
TITLE	DTS	☐ Delete
NAME	CARLTON, JONATHAN L.	
Street Address	416 CHARLES ST.	
City, St, Zip	PORT ORANGE FL	
TITLE		☐ Delete
NAME		
Street Address		
City, St, Zip		
TITLE		☐ Delete
NAME		
Street Address		
City, St, Zip		
TITLE		☐ Delete
NAME		
Street Address		
City, St, Zip		
TITLE		☐ Delete
NAME		
Street Address		
City, St, Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1 NAME	
1 Street Address	
1 City, St, Zip	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 Street Address	
2 City, St, Zip	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 Street Address	
3 City, St, Zip	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 Street Address	
4 City, St, Zip	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 Street Address	
5 City, St, Zip	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 Street Address	
6 City, St, Zip	

14. I hereby 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 on Block 12 or Block 13 in compliance with these laws.

SIGNATURE: J. L. Carlton — 3/26/96 — 904-767-3611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — PHONE

CR2E034 (12/95)