

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90096 040 ****61.25

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DOCUMENT # 753724

1. Corporation Name

CARVER FINANCE INCORPORATED

Principal Place of Business

C/O PAUL C. NICK
1000 TAMiami TRAIL N., #503
NAPLES FL 33940

Mailing Address

C/O PAUL C. NICK
1000 TAMiami TRAIL N., #503
NAPLES FL 33940



2. Principal Place of Business

21 2400 Tamiami Trail N. Suite 303

Suite, Apt. #, etc.

22 Suite 303

City & State

23 Naples FL

Zip

24 34102 25 USA

2a. Mailing Address

26 2400 Tamiami Trail N. Suite 303

Suite, Apt. #, etc.

27 Suite 303

City & State

28 Naples FL

Zip

29 34102 30 USA

3. Date Incorporated or Qualified

08/12/1980

4. FEI Number

65-0127536

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

9. Name and Address of Current Registered Agent

NICK, PAUL C
1000 TAMiami TRAIL N., #503
NAPLES FL 33940

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME NICK, PAUL C.
STREET ADDRESS 1000 TAMiami TRAIL N., #503
CITY-ST-ZIP NAPLES FL

TITLE PD ☐ DELETE

NAME LODGE, MCKEE C
STREET ADDRESS 53 BROAD AVE S
CITY-ST-ZIP NAPLES, FL

TITLE VD ☐ DELETE

NAME WHITTAKER, JAMES
STREET ADDRESS 578 13TH STREET N
CITY-ST-ZIP NAPLES FL 34102

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Nick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 (941) 261-8337

Date

Daytime Phone #

CR2E037 (11/98)