

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769898** (8)

1. Corporation Name

CARPENTER'S HOME ESTATES, INC.



Principal Place of Business 1001 CARPENTER'S WAY PO BOX 95020 LAKELAND FL 33809 US	Mailing Address P.O. BOX 95020 PO BOX 95020 LAKELAND FL 33809 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/17/1983	3a. Date of Last Report 04/24/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2347336	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, JOSEPH A.
777 CARPENTER'S WAY
LAKELAND FL 33809**

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 *J. A. Perez* **J. A. Perez, Sec/Treas.** **July 28, 1997**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRADER, KARL D.	1.2 NAME	
STREET ADDRESS	777 CARPENTER'S WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	INGLIS, DAVID	2.2 NAME	
STREET ADDRESS	777 CARPENTER'S WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHORT, RILEY DR.	3.2 NAME	
STREET ADDRESS	777 CARPENTER'S WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, JOSEPH	4.2 NAME	
STREET ADDRESS	777 CARPENTER'S WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MALLORY	5.2 NAME	
STREET ADDRESS	707 CARPENTER'S WAY, #43	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE *K. Strader* **K. Strader, Pres.** **July 28, 1997**

CR2E037 (4/97)