FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION CF CORPORATIONS

DOCUMENT # 855247

1. Corporation Name

JOHN CARLO, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90049 031 ***150.00



Principal Place of Business Mailing Address					<u> </u>	DI (Buat Buint Billik libit di	OUT LOCAL BIOSI	OLDIL BEBUT BEDIT DE	iget bibil chai
21570 HALL RD P.O. BOX 8 21570 HALL RD P.O. BOX 8									
MT, CLEMENS MI 48044-5704 MT, CLEMENS MI 48044-5704									
						DO NOT WRI	OT WRITE IN THIS SPACE		
						rporated or Qualifed			
l			_		01/14/1				
Principal Place of Business 2a. Mailing Address					4. FEI Numi				plied For
21 26					<u>38-1650</u>	909			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			of Status Desired		\$8.75 4	
22 27								Fee Re	
City & State City & State						Campaign Financing		\$5.00	,
						d Contribution		Added to	o Fees
Zip			Country	////		oration owes the cur	rent year Ir		□No
24		25 29 30				Property Tax. d Address of New I	Ponistoras		LINO
	9. Name and Address of Currer	it Registered Agent	81	Name	IV. Nam san	d Address of New I	registe et	Agent	
сто	CORPORATION SYSTEM		"	·vaine					
1200 S. PINE ISLAND ROAD			82	Street / c	idress (P.O. Box N	umber is Not Accept	able)		
PLANTATION FL 33324			83						
	41,111,011 1 E 000E 1		03						
			84	City				85 Zip	Code
				<u> </u>		1			
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Stalutes, of Florida, Such change was auth	the above orized by	e-named co the corpora	orporation submits t ation's board of dire	this statement for the ectors. I hereby acce	pt the a;⊧po	or changing its pintment as reg	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes			•			
SIGNATURE									
	Signature, typed or printed ame of registered age		13.	it signature re ji	uired when reinstation)	S/CHANGES TO OF	DATE FICERS A	ND DIRECTO	RS IN 12
12.	PD OFFICERS AF	ID DIRECTORS	1,1 TITLE		ADDITION	3/6/1/1/023 10 01	TIOLICE A	Change	Addition
NAME	CATENACCI, CARLO J.		12 NAME					_ ,	
	ALETA MALL DD		13 STREET	ADDRESS					1
STREET ADDF ESS	MT.CLEMENS MI			1					}
CITY-ST-ZIP TITLE	VSD VSD	□ DELETE	1.4 CITY-S 2.1 TITLE	1-2iP				Change	Addition
	CATENACCI, JOSEPH E.	CJ DELETE	2.2 NAME						
NAME	21570 HALL RD.		2.2 NAME 2.3 STREET	T ADODESC					
STREET ADDFESS	_			1					[
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	1-219			 -	Change	Addition
TITLE	MCELROY, MICHAEL D.								
NAME	04570 14411 DD		3.2 NAME 3.3 STREE1	ADDOCES					
STREET ADDF ESS	MT.CLEMENS MI		1						
CITY-ST-ZIP	T T	□ DELETE	3.4. CITY-S 4.1 TINE	1-212				☐ Change	Addition
NAME	ROBSON, JOHN T.	- occup	4.1 IIILE 4.2 NAME					3°	
Į i	*			TADDOFÉE					
STREET ADDFESS	21570 HALL RD. MT.CLEMENS MI		4.3 STREET						
CITY-ST-ZIP	V	☐ DELETE	4.4 CITY-S	1-2IP				Change	Addition
TITLE	DONOHOE, MICHAEL		5.1 TILE 5.2 NAME	-					
NAME STREET ADDRESS	21570 HALL RD.		5.3 STREET	ADDRESS					
{	MT.CLEMENS MI		5.4 CITY-S						}
CITY-ST-ZIP TITLE	V V	☐ DELETE	6.1 TITLE					Change	Addition
ĺ	DURSTON, MORLEY		6.2 NAME					L. J. Ormanyo	
NAME	21570 HALL RD.		6.3 STREET	ADDRESS					-
STREET ADDRESS			6.4 CITY-S						
CITY-ST-ZIP	MT.CLEMENS MI		0.4 0111-8	1-217					

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 indical ed on this annual report or supplemental annual report is true and accurate and that my signa ure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regever 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CONTROLLER

810-468-5655

Daytime Phone #