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

APPROVED AND FILED

96 MAY -1 PM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F07888** **(3)**

1. Corporation Name
CARL ELLIS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6531 SUNSET RIDGE LAKELAND FL 33813	6531 SUNSET RIDGE LAKELAND FL 33813

3. Date Incorporated or Qualified: **12/05/1980**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business
21: 1917 US 27 North
22: Suite, Apt. #, etc.
23: City & State: Sebring, FL
24: Zip: 33870 25: Country: Highlands

2a. Mailing Address
26: 1917 US 27 North
27: Suite, Apt. #, etc
28: City & State: Sebring, FL
29: Zip: 33870 30: Country: Highlands

4. FEI Number: **59-2045158** ☐ 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 liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLIS, CARL M, JR
6531 SUNSET RIDGE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name: James F. McCollum, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 129 S. Commerce Ave.
83
84 City: Sebring FL 85 Zip Code: 33870

11. Pursuant to the provisions of Sections 607.0502 and 607.150a, 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: [signature] [signature] DATE: 4-7-96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ELLIS, PATRICIA ANN 6531 SUNSET RIDGE LAKELAND FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Ellis, Patricia Ann	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS ELLIS, CARL M, JR 6531 SUNSET RIDGE LAKELAND FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Ellis, Carl M, Jr	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ELLIS, CARL M III 6531 SUNSET RIDGE LAKELAND FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	C.P.V.T.S Ellis, Carl M, III 6750 US 27 N VIC Sebring, FL 33870	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500001[illegible] -05/10/96--01024--015 ****200.00 ****200.00	☐ Change ☐ Addition

CR2E034 (12/95)

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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl M. Ellis 4-17-96 941-385-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #