

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

FILED

Feb 06 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F20437

(2)

1. Corporation Name

CARLANDER &amp; ASSOCIATES, INC.

Principal Place of Business

80 TRIPLET LAKE DRIVE  
PO BOX 181426  
CASSELBERRY FL 32718-0426

Mailing Address

~~80 TRIPLET LAKE DRIVE~~  
PO BOX 181426  
CASSELBERRY FL 32718-1426

3. Date Incorporated or Qualified

02/19/1981

3a. Date of Last Report

01/22/1996

4. FE# Number

59-2065314

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 1664 CYPRESS POINT LANE

Suite, Apt. #, etc.

22 WINTER PARK, FL

City &amp; State

23

Zip 32792

Country

25 ORANGE

2a. Mailing Address

26 P.O. BOX 181426

Suite, Apt. #, etc.

27

City &amp; State

28 CASSELBERRY, FL

Zip

29 32718-1426

Country

30 SEMWOLE

9. Name and Address of Current Registered Agent

CARLANDER, CARL G.  
~~80 TRIPLET LAKE DRIVE~~  
CASSELBERRY FL 32718-0426

10. Name and Address of New Registered Agent

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

1664 CYPRESS POINT LANE

83

84 City WINTER PARK

FL

85 Zip Code

32792

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 ST  
NAME CARLANDER, CARL  
STREET ADDRESS 80 TRIPLET LAKE DR  
CITY - ST - ZIP CASSELBERRY, FL 00000☐ DELETETITLE DPV  
NAME CARLANDER, CARL  
STREET ADDRESS 80 TRIPLET LAKE DR  
CITY - ST - ZIP CASSELBERRY, FL 00000☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE

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

1664 CYPRESS POINT LANE  
WINTER PARK, FL 32792

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

1664 CYPRESS POINT LANE  
WINTER PARK, FL 32792

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Please note that the Mailing Address is the same and  
only the street address has changed

Thank you

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 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 G. Carlander, President 1/31/97 407-339-4602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)