

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004324 (0)

1. Corporation Name

CARSON ELECTRONICS, INC.



Principal Place of Business

5955 T.G. LEE BLVD., STE. 150
ORLANDO FL 32807

Mailing Address

5955 T.G. LEE BLVD., STE. 150
ORLANDO FL 32807

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 6805 S. Orange Ave

26 6805 S. Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Orlando,

27

23 Orlando, FL

28 Orlando, FL

Zip Country

Zip Country

24 32809

25

29 32809

30

4. FEI Number

59-3194845

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

10. Name and Address of New Registered Agent

WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

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 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 date of signature)

(NOTE: Registered Agent Signature Required when entering statement)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
CDVP
CARSON, JOSEPH L
5955 T. G. LEE BLVD., STE. 150
ORLANDO FL 32822

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
S
CARSON, JOSEPH L
5955 T. G. LEE BLVD., STE. 150
ORLANDO FL 32822

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VCDP
CARSON, JEANNE A
5955 T. G. LEE BLVD., STE. 150
ORLANDO FL 32822

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
T
CARSON, JEANNE A
5955 T. G. LEE BLVD., STE. 150
ORLANDO FL 32822

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

☐ Change ☐ Addition

1.1 TITLE
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 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)(g), 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:

Joseph L. Carson

Joseph L. Carson

4-11-96

407-851-2170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

CR2E034 (12/95)