

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000001635 (1)

1. Corporation Name

CARLYLE & CO. OF MONTGOMERY

Principal Place of Business

P.O. BOX 21768
GREENSBORO NC 27420-1768

Mailing Address

P.O. BOX 21768
GREENSBORO NC 27420-1768

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

56-1137865

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

CASTELLI, WILLIAM
4041 SUNBEAM RD.
SUITE 1
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent when item 9 is selected

Signature typed or printed name of registered agent when item 10 is selected

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD

COHEN, LAWRENCE M
4815 DUNDAS DR.
GREENSBORO NC 27407

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VTD

COHEN, JOHN K
4815 DUNDAS DR.
GREENSBORO NC 27407

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VD

COHEN, RUSSELL L
4815 DUNDAS DR.
GREENSBORO NC 27407

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VSD

BACKER, RICHARD I
4815 DUNDAS DR.
GREENSBORO NC 27407

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VASD

BERNSTEIN, MARTIN M
4815 DUNDAS DR.
GREENSBORO NC 27407

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

3000001486553
05/12/95 01121 822
****225.00 ****225.00

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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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 the 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:

RICHARD I. BACKER

4/17/95

910-294-2456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone