· · 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

DOCUMENT # **F95000003266 (2)**

1. Corporation Name

CARTER CONSULTING, INC. OF TAMPA BAY

Principal Place of Business	Mailing Address
4350 W CYPRESS ST.. STE 704 TAMPA FL 33607	4350 W CYPRESS ST.. STE 704 TAMPA FL 33607

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **06/29/1995**

3a. Date of Last Report:

4. FEI Number: **64-0834241** ☐ 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

LOPEZ, AL R JR
4600 W CYPRESS ST
TAMPA FL 33607

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 607.1502, 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: N/A

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	CARTER, WALLACE W		12 NAME		
STREET ADDRESS	9481 HIGHLAND OAKS, # 1602		13 STREET ADDRESS	17829 Osprey Point	
CITY, ST, ZIP	TAMPA FL 33647		14 CITY, ST, ZIP	Tampa, FL 33647	
TITLE	DV	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CARTER, GERALD E		22 NAME		
STREET ADDRESS	9481 HIGHLAND OAKS, # 1712		23 STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL 33647		24 CITY, ST, ZIP		
TITLE	ST	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	CARTER, PAIGE A		32 NAME		
STREET ADDRESS	9481 HIGHLAND OAKS, # 1602		33 STREET ADDRESS	17829 Osprey Point	
CITY, ST, ZIP	TAMPA FL 33647		34 CITY, ST, ZIP	Tampa, FL 33647	
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	APPLEWHITE, ROGER		42 NAME		
STREET ADDRESS	6500 MARY MAHONEY		43 STREET ADDRESS		
CITY, ST, ZIP	OCEAN SPRINGS MS 39564		44 CITY, ST, ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CASAGRANDE, JOHN SR		52 NAME		
STREET ADDRESS	560 OCEAN BLVD		53 STREET ADDRESS		
CITY, ST, ZIP	GOLDEN BEACH FL 33160		54 CITY, ST, ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY, ST, ZIP			64 CITY, ST, ZIP		

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)(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 added above or on an attachment with an address.

SIGNATURE: Wallace W. Carter 3/21/96 813/872-2797

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #