

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005175 (3)

1. Corporation Name

CARTER ENGINEERING COMPANY, INC.

Principal Place of Business

Mailing Address

13117 LAKE ST
WILLIAM CLAY OGLETREE
LOS ANGELES CA 90066

13117 LAKE ST
WILLIAM CLAY OGLETREE
LOS ANGELES CA 90066



3. Date Incorporated or Qualified

10/24/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2099 SOMBREIRO BLVD.

26 2099 SOMBREIRO BLVD.

4. FEI Number

95-2232105

Applied For

Not Applicable

22 MARATHON, FL.

27 MARATHON

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

23 FLORIDA

28 FLORIDA

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33050

25 USA

29 33050

30 U.S.A.

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

CARTER, WILLIAM DAN
35 SOMBRERO BLVD
MARATHON FL 33050

81 Name

W.D. CARTER

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

2099 SOMBREIRO BLVD.

83

MARATHON

84 City

FL

85 Zip Code

33050

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 type: The printed name of the registered agent and the applicable

(If the Registered Agent Signature is required when not starting up)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☒ Change ☐ Addition

NAME CARTER, WILLIAM DAN
STREET ADDRESS 35 SOMBRERO BLVD
CITY - ST - ZIP MARATHON FL 33050

12 NAME
13 STREET ADDRESS 2099 SOMBREIRO BLVD.
14 CITY - ST - ZIP MARATHON FL 33050

TITLE ☐ DELETE

21 TITLE ☒ Change ☐ Addition

NAME CARTER, WILLIAM DAN
STREET ADDRESS 35 SOMBRERO BLVD
CITY - ST - ZIP MARATHON FL 33050

22 NAME
23 STREET ADDRESS 2099 SOMBREIRO BLVD
24 CITY - ST - ZIP MARATHON FL 33050

TITLE ☐ DELETE

31 TITLE ☒ Change ☐ Addition

NAME RABIN, DAVID J
STREET ADDRESS 35 SOMBRERO BLVD
CITY - ST - ZIP MARATHON FL 33050

32 NAME
33 STREET ADDRESS 2099 SOMBREIRO BLVD
34 CITY - ST - ZIP MARATHON FL 33050

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME OGLETREE, WILLIAM CLAY
STREET ADDRESS 13117 LAKE ST
CITY - ST - ZIP LOS ANGELES CA 90066

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE ☒ Change ☐ Addition

NAME RAMIREZ-CARTER, HILDA
STREET ADDRESS 35 SOMBRERO BLVD
CITY - ST - ZIP MARATHON FL 33050

52 NAME
53 STREET ADDRESS 2099 SOMBREIRO BLVD.
54 CITY - ST - ZIP MARATHON FL 33050

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

62 NAME
63 STREET ADDRESS
64 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W.D. Carter

JUNE 14, 1996

305 713-3393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (3/96)