

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

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005175 (3)

1. Corporation Name

CARTER ENGINEERING COMPANY, INC.



Principal Place of Business

Mailing Address

2099 SOMBRERO BLVD
WILLIAM CLAY OGLETREE
MARATHON FL 33050
US

2099 SOMBRERO BLVD
WILLIAM CLAY OGLETREE
MARATHON FL 33050-2485
US

3. Date Incorporated or Qualified

10/24/1995

3a. Date of Last Report

06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

95-2232105

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

CARTER, WILLIAM DAN
2099 SOMBRERO BLVD
MARATHON FL 33050

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 of registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	CARTER, WILLIAM DAN	
STREET ADDRESS	2099 SOMBRERO BLVD	
CITY- ST- ZIP	MARATHON FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CARTER, WILLIAM DAN	
STREET ADDRESS	2099 SOMBRERO BLVD	
CITY- ST- ZIP	MARATHON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RABIN, DAVID J	
STREET ADDRESS	2099 SOMBRERO BLVD	
CITY- ST- ZIP	MARATHON FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	OGLETREE, WILLIAM CLAY	
STREET ADDRESS	13117 LAKE ST	
CITY- ST- ZIP	LOS ANGELES CA 90068	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAMIREZ-CARTER, HILDA	
STREET ADDRESS	2099 SOMBRERO BLVD	
CITY- ST- ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 1997 (305) 745-5598

Date

Day: mo Phone

0141412

CR2E034 (9/96)