

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90107 033 ***150.00

DOCUMENT # F98000000484

1. Corporation Name

CARLTON-BATES COMPANY

Principal Place of Business
9942 CURRIE DAVIS DR. SUITE C
TAMPA FL 33619

Mailing Address
PO BOX 192320
LITTLE ROCK AR 72219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1998

4. FEI Number

71-0292045

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

PATTILLO, DEBBE
9942 CURRIE DAVIS DR, SUITE C
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name DONALD P. KREDENSOR

82 Street Address (P.O. Box Number is Not Acceptable)
9942 CURRIE DAVIS DR

83 SUITE C

84 City TAMPA FL 85 Zip Code 33619

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

DONALD P. KREDENSOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE CP
NAME CARLTON, WILLIAM P
STREET ADDRESS 109 ST. FRANCIS CT
CITY-ST-ZIP NORTH LITTLE ROCK AR 72116

TITLE STD
NAME ALLEN, STEVEN W
STREET ADDRESS 5207 STONEWALL
CITY-ST-ZIP LITTLE ROCK AR 72207

TITLE VD
NAME DAVIDSON, H. LEE
STREET ADDRESS 10 OAK TREE CIRCLE
CITY-ST-ZIP NORTH LITTLE ROCK AR 72116

TITLE D
NAME BONDS, HARRY V
STREET ADDRESS 2917 JUSTIN MATTHEWS
CITY-ST-ZIP NORTH LITTLE ROCK AR 72116

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 CP
1.2 NAME CARLTON, WILLIAM P
1.3 STREET ADDRESS 46 OVERLOOK DR.
1.4 CITY-ST-ZIP LITTLE ROCK, AR 72207

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)