

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G05850** (4)

1. Corporation Name
FIRST CHARLOTTE CORPORATION



Principal Place of Business % DAROL H.M. CARR 115 W. OLYMPIA AVE PUNTA GORDA FL 33950		Mailing Address % DAROL H.M. CARR 115 W. OLYMPIA AVE PUNTA GORDA FL 33950		3. Date Incorporated or Qualified 10/25/1982	3a. Date of Last Report 04/04/1995
---	--	---	--	--	--

2. Principal Place of Business 21 201 East Kennedy Blvd. Suite, Apt. #, etc. 22 Suite 1800 City & State 23 Tampa, Florida Zip 24 33602	2a. Mailing Address 26 P. O. Box 40210 Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33743-0210 30 US	4. FEI Number 59-0412245	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	------------------------------------	-------------------------------	---	--	--

9. Name and Address of Current Registered Agent CARR, DAROL H.M. 115 W. OLYMPIA AVE PUNTA GORDA FL 33950		81 Name Colin D. Anderson	82 Street Address (P.O. Box Number is Not Acceptable) 209 East Kennedy Boulevard	83	84 City Tampa	85 Zip Code FL 33602
--	--	-------------------------------------	--	----	-------------------------	--------------------------------

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of record, 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: **Colin D. Anderson, Vice President/Treasurer**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	CARR, DAROL H. M. % 115 W. OLYMPIA PUNTA GORDA FL	<input checked="" type="checkbox"/> DELETE	
TITLE PD	FABER, RUSSELL C 215 68TH ST HOLMS BCH. FL	<input checked="" type="checkbox"/> DELETE	
TITLE STD	ALLEGRETTI, GINNY C/O 115 W OLYMPIA PUNTA GORDA, FL 00000	<input checked="" type="checkbox"/> DELETE	
TITLE V	DR WITTER, JR. CO 115 W OLYMPIA PUNTA GORDA FL	<input checked="" type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
1. TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	Cieslak, Lee J.		
3. STREET ADDRESS	209 East Kennedy Blvd.		
4. CITY - ST - ZIP	Tampa, FL 33602	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2. TITLE	VTD		
2. NAME	Anderson, Colin D.		
3. STREET ADDRESS	209 East Kennedy Blvd.		
4. CITY - ST - ZIP	Tampa, FL 33602	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3. TITLE	SD		
3. NAME	McMurry, Ann		
3. STREET ADDRESS	209 East Kennedy Blvd.		
4. CITY - ST - ZIP	Tampa, FL 33602	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4. TITLE	VD		
4. NAME	Allegretti, Virginia		
4. STREET ADDRESS	209 East Kennedy Blvd.		
4. CITY - ST - ZIP	Tampa, FL 33602	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. TITLE			
5. NAME			
5. STREET ADDRESS	500001859235		
5. CITY - ST - ZIP	-06/12/96--01020--036		
6. TITLE	***200.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. NAME			
6. STREET ADDRESS			
6. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Colin D. Anderson 6/6/96 813-209-3120**

CR2E034 (12/95)

S-T-96