

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 # **G32153** (0)

1. Corporation Name

**D AND B OF CARRABELLE, INC.**



Principal Place of Business

**600 MARINE ST.  
CARRABELLE FL 32322**

Mailing Address

**P.O. BOX 1118  
CARRABELLE FL 32322**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**04/06/1983**

3a. Date of Last Report

**02/01/1995**

4. FEI Number

**59-2278845**

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

10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent

**OSBORNE, CHARLES  
600 MARINE ST.  
CARRABELLE FL 32322**

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 typed or printed name of registered agent (if not applicable)

(Signature typed or printed name of new registered agent (if not applicable))

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **OSBORNE, CHARLES**  
STREET ADDRESS **P.O. BOX 1118 NA**  
CITY - ST - ZIP **CARRABELLE FL 32322**

TITLE **S** ☒ DELETE  
NAME **OSBORNE, CHARLES**  
STREET ADDRESS **P.O. BOX 1118 NA**  
CITY - ST - ZIP **CARRABELLE FL 32322**

TITLE **D** ☐ DELETE  
NAME **OSBORNE, CHARLES**  
STREET ADDRESS **P.O. BOX 1118 NA**  
CITY - ST - ZIP **CARRABELLE FL 32322**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

1. TITLE **SECRETARY** ☒ Change ☐ Addition  
2. NAME **CYNTHIA L OSBORNE**  
3. STREET ADDRESS **P.O. BOX 1118 NA**  
4. CITY - ST - ZIP **CARRABELLE, FL 32322**

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES E OSBORNE**

**5/6/96**

**9046973579**

CHARTER FEE

CR2E034 (12/95)