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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **G59926** **(7)**

1. Corporation Name
CARROLL FULMER & COMPANY, INC.

Principal Place of Business	Mailing Address
~~5395 L.B. MCLEOD RD.~~ ~~P.O. BOX 616388~~ ~~ORLANDO FL 32861-3300~~	~~5395 L.B. MCLEOD RD.~~ ~~P.O. BOX 616388~~ ~~ORLANDO FL 32861-3300~~

2. Principal Place of Business	2a. Mailing Address
21 8340 American Way	26 P.O. Box 5000
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Groveland, Fl.	City & State 28 Groveland, Fl.
Zip 24 34736 Country 25 LAKE, USA	Zip 29 34736 Country 30 LAKE, USA

3. Date Incorporated or Qualified: 09/19/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2341068 ☐ 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
FULMER, PHILIP, R ~~1010 PALADIN CT~~ ~~ORLANDO FL 32806~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8000 Cherry Lake Rd. 83 84 City: Groveland FL 85 Zip Code: 34736

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] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FULMER, PHILIP R ~~1010 PALADIN CT.~~ ~~ORLANDO FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 8000 Cherry Lake Rd. Groveland, Fl. 34736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FULMER, CARROLL A. ~~1065 DOSS AVE.~~ ~~ORLANDO FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 14726 GORD NECK DR. Montverde, Fl. 34756
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TURNER, CYNTHIA F 137 HARTINGTON DR MADISON AL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB FULMER, CARROLL L. 8971 CHARLESTON PK. ORLANDO FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FULMER, TIMOTHY A. 9239 WOODBREEZE BLVD. WINDERMERE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV FULMER, BARBARA B. 8971 CHARLESTON PARK ORLANDO FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #