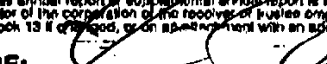


FILE NOW: FILING FEE AFTER MAY 1ST IS \$600.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Northum Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G59926 (7) 1. Corporation Name CARROLL FULMER & COMPANY, INC.			
Principal Place of Business 8540 AMERSON WAY GROVELAND FL 34738 US		Mailing Address P.O. BOX 8000 GROVELAND FL 34738 US	
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. Name and Address of Current Registered Agent FULMER, PHILIP R 8000 CHERRY LAKE ROAD GROVELAND FL 34738		4. Name and Address of New Registered Agent 41 Name 42 Street Address (P.O. Box Number is Not Accepted) 43 City 44 State Zip Code	
11. Pursuant to the provisions of Sections 807.0503 and 807.1503, 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 807.1503, Florida Statutes.			
SIGNATURE  Philip R Fulmer		DATE 10-12-99	
12. OFFICERS AND DIRECTORS			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		15. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-STATE-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP	
8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP		9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP	
10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP	
13. 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 of trustees empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or in supplemental report with an address.			
SIGNATURE:  Philip R Fulmer		DATE 10-12-99	

REINSTATEMENT

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