

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H15519** (2)
1. Corporation Name
CARROLL FULMER PAYROLL, INC.

Principal Place of Business 8340 AMERICAN WAY GROVELAND FL 34736 US	Mailing Address P.O. BOX 5000 GROVELAND FL 34736-5000 US
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3. Date Incorporated or Qualified 08/06/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2434273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent FULMER, PHILIP R 8000 CHERRY LAKE RD. GROVELAND FL 34736	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 acceptable if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	EV <input type="checkbox"/> DELETE
NAME	FULMER, BARBARA B.
STREET ADDRESS	8971 CHARLESTON PARK
CITY - ST - ZIP	ORLANDO FL
TITLE	S <input type="checkbox"/> DELETE
NAME	FULMER, PHILIP R.
STREET ADDRESS	8000 CHERRY LAKE RD
CITY - ST - ZIP	GROVELAND FL 34736
TITLE	VP <input type="checkbox"/> DELETE
NAME	FULMER, CARROLL A.
STREET ADDRESS	14728 GORD NECK DRIVE
CITY - ST - ZIP	MONTEVERDE FL 34758
TITLE	P <input type="checkbox"/> DELETE
NAME	FULMER, TIMOTHY A.
STREET ADDRESS	9239 WOODBREEZE BLVD
CITY - ST - ZIP	WINDERMERE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	TURNER, CYNTHIA
STREET ADDRESS	137 HARTINGTON DR
CITY - ST - ZIP	MADISON AL
TITLE	COB <input type="checkbox"/> DELETE
NAME	FULMER, CAROLL L
STREET ADDRESS	8971 CHARLESTON PARK
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____

CR2E034 (9/96)