

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H18057 (0)

1. Corporation Name

JOHN P. CARAWAY, INC.



Principal Place of Business

Mailing Address

% JOHN P. CARAWAY, 1001 HIGHVIEW DR  
P.O. BOX 1619  
LAKE WALES FL 33859-1619

% JOHN P. CARAWAY, 1001 HIGHVIEW DR  
P.O. BOX 1619  
LAKE WALES FL 33859-1619

3. Date Incorporated or Qualified  
08/24/1984

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 122 W. CENTRAL AVE

26 Suite, Apt. #, etc.

22 P.O. Box 1619

27 City & State

23 LAKE WALES, FLA.

28 City & State

24 33853

25 POLK

29

30

4. FEI Number  
59-2441723

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

CARAWAY, JOHN P.  
1001 HIGHVIEW DR.  
LAKE WALES FL 33853

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CARAWAY, JOHN P.  
STREET ADDRESS 1001 HIGHVIEW DR.  
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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1.2 NAME ☐ Change ☐ Addition

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1.3 STREET ADDRESS ☐ Change ☐ Addition

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2.1 TITLE ☐ Change ☐ Addition

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5.1 TITLE ☐ Change ☐ Addition

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5.3 STREET ADDRESS ☐ Change ☐ Addition

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5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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6.1 TITLE ☐ Change ☐ Addition

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☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-96 941-676-4228

CR2E034 (12/95)