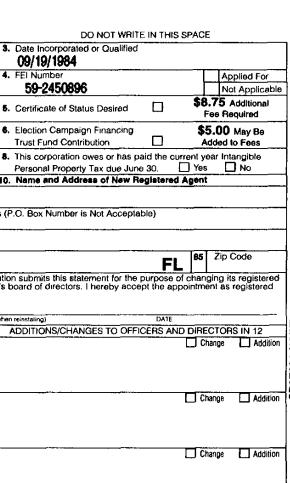
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H21809 (9) CARPENTER & EVANS, INC. Principal Place of Business Mailing Address 103 DUNCAN ST. PO BOX 953 GULF BREEZE FL 32561 **GULF BREEZE FL 32562** 3. Date Incorporated or Qualified 09/19/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2450896 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 Zip Country Žφ 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARPENTER, JOSH C 4510 BRICKYARD BAYOU RD. 82 Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32561** 83 84 City 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 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE EVANS, CHARLES R. NAME 1.2 NAME 14555 INNERARITY PT RD 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2 1 TITLE TITLE

FILED May 12 1998 8:00am Secretary of State



CITY-ST-ZIP 14. I hereby certify that the information supplied wift 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 supplied wift that I am an officer or director of the corporation 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 chapter or on an attachment with an address)

2.2 NAME

3 1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TETLE 4. 2 NAME

51 TITLE

5.2 NAME

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SIGNATURE

NAME

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

CITY-ST-ZIP

CARPENTER, JOSH C.

GULF BREEZE FL

4510 BRICKYARD BAYOU RD

850-932.7596

Change

Change

☐ Change

Addition

Addition

☐ Addition