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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H43718

1. Corporation Name

THE CARNAN CORP.

Principal Place of Business

26005 NW 122 ST
ALACHUA FL 32615
US

Mailing Address

C/O SOMERSET FARMS OF ALACHUA, INC
26005 NW 122 ST
ALACHUA FL 32615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1985

4. FEI Number

54-1312672

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 327 NW 23rd Avenue

2a. Mailing Address

26 327 NW 23rd Avenue

Suite, Apt. #, etc.

22 Suite 1

Suite, Apt. #, etc.

27 Suite 1

City & State

23 Gainesville FL

City & State

28 Gainesville FL

Zip

24 32609

Country

25 USA

Zip

29 32609

Country

30 USA

9. Name and Address of Current Registered Agent

KIRKPATRICK, RANDY D
26005 NW 122 STREET
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13521 NW 13th Place

83

84 City

Alachua

FL

85 Zip Code

32615

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

TITLE SD ~~DELETE~~

NAME KIRKPATRICK, C.C., JR.

STREET ADDRESS 26005 NW 122ND ST

CITY-ST-ZIP ALACHUA FL 32615

TITLE DP ~~DELETE~~

NAME KIRKPATRICK, NANCY J.

STREET ADDRESS 26005 NW 122ND ST

CITY-ST-ZIP ALACHUA FL 32615

TITLE ~~DELETE~~

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ~~DELETE~~

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ~~DELETE~~

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ~~DELETE~~

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE: Nancy J. Kirkpatrick President 2/23/99 (352)3800688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)