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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMEN STATE
Sandra B. Mo h
Secretary of S
DIVISION OF CORP IONS

DOCUMENT # H48793 **(4)**

1. Corporation Name
WARREN K. CARLYLE, D.C., P.A.

Principal Place of Business	Mailing Address
5100 78TH AVE. N. SUITE 7 PINELLAS PARK FL 34665	WARREN K. CARLYLE, D.C., P.A. ROPRACTOR 3141 N.W. 13TH STREET GAINESVILLE FL 32609-2186 US

2. Principal Place of Business: 21 *3141 N.W. 13th St.*	2a. Mailing Address: 26
Suite, Apt #, etc: 22	Suite, Apt. #, etc.: 27
City & State: 23 *Gainesville FL.*	City & State: 28
Zip: 24 *32609-2186* Country: 25 *USA*	Zip: 29 C ntry: 30

3. Date Incorporated or Qualified: **03/21/1985**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2558420** ☐ 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

RILEY, JOHN, L
2325 FIFTH AVE NORTH
ST. PETERSBURG FL 33713

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ove-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 authori 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 S tes.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE Regist Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☒ DELETE	1 LE	*PSD* ☐ Change ☐ Addition
NAME	CARLYLE, WARREN K., JR.		1 ME	*Carlyle, Warren K. Jr.*
STREET ADDRESS	5100 78TH AVE. N., S-7		1 EET ADDRESS	*3141 N.W. 13th St.*
CITY-ST-ZIP	PINELLAS PARK FL		1 Y-ST-ZIP	*Gainesville FL 32609-2186*
TITLE		☐ DELETE	2 LE	☐ Change ☐ Addition
NAME			2 ME	
STREET ADDRESS			2 EET ADDRESS	
CITY-ST-ZIP			2 Y-ST-ZIP	
TITLE		☐ DELETE	3 E	☐ Change ☐ Addition
NAME			E	
STREET ADDRESS			EET ADDRESS	
CITY-ST-ZIP			Y-ST-ZIP	
TITLE		☐ DELETE	E	☐ Change ☐ Addition
NAME			E	
STREET ADDRESS			ET ADDRESS	
CITY-ST-ZIP			-ST-ZIP	
TITLE		☐ DELETE	E	☐ Change ☐ Addition
NAME			E	
STREET ADDRESS			EET ADDRESS	
CITY-ST-ZIP			Y-ST-ZIP	
TITLE		☐ DELETE	6 E	☐ Change ☐ Addition
NAME			6 E	
STREET ADDRESS			6 EET ADDRESS	
CITY-ST-ZIP			6 Y-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for 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 ar ccurate 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 xecute 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: *[signature]* *4/7/97* *352 338 0095*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR OR — Date — Daytime Phone #

CR2E034 (9/96)

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