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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H59517

(3)

FILED	
Apr 17 1997 8:00am	1
Secretary of State	

1. Corporation Name JAMES C. CARTER, D.C., P.A. Principal Place of Business C/O JAMES C. CARTER. D.C. C/O JAMES C. CARTER									
US			US			3, Date Incorporated or Qualified 05/30/1985		ate of Last R 19/1996	eport
	Place of Business	 	2a. Mailing Address	5		4, FEI Number 59-2531613		} 	plied For
Suite, Ap	t #, etc.	26	Suite, Apt. #, et	c.		5. Certificate of Status Desired	П		ot Applicable Additional
22 City & Sta	sto.	27	7 City & State				<u></u>	Fee Re	
23	ale:	28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Cou	ntry	Zip	Coui	ntry	8. This corporation has liability for		tax under s	199.032,
24	g. Name and Add	29 dress of Current Reg		30		10. Name and Address of New Re			
	RTER, JAMES C., D).C.			81 Name				
	02 HWY 44, WEST]	82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)		
IM)	VERNESS FL 82300	1~7			83		· · · · · · · · · · · · · · · · · · ·		
	344	<i>1</i> 53		Į					
					84 City		FL	65 Zip •	Code
11. Pursuan office or agent. I	nt to the provisions of S registered agent, or b am familiar with, and a	ections 607.0502 and oth, in the State of Flocopt the obligations	d 607.1508, Florida orida. Such change of, Section 607.050	Statutes, the at- was authorized 05, Florida Stati	ove-named con by the corpora ites.	rporation submits this statement for the pation's board of directors. I hereby accept	pt the app	changing it ointment as	registered
SIGNATURE		ections 607.0502 and oth, in the State of Flocopt the obligations have of registered agent and OFFICERS AND DIR	inic if applicable RECTORS	(NOTE: Registered	Agent signature req	rporation submits this statement for the pation's board of directors. I hereby acceptured when religiously. ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature typed or printed n	ame of registered agent and OFFICERS AND DIR	true if applicable	(NOTE: Registered 13.	Agent signature requ	uired when reinstating)	DATE		RS IN 12
SIGNATURE 12. TITLE NAME	D CARTER, JAMES	ourse of registered agent and OFFICERS AND DIR	inic if applicable RECTORS	(NOTE: Registered 13. TE 1.3 TIT 1.2 NA	Agent signature requ	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	D CARTER, JAMES 2202 HWY. 44 WINVERNESS FL	OFFICERS AND DIR	inic if applicable RECTORS	(NOTE Registered 13. IE 1.1 Tiff 1.2 NA 1.3 STI	Agent signature requ	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS C-TY-S1-ZIP THLE	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST	OFFICERS AND DIR C., D.C. VEST	inic if applicable RECTORS	(NOTE Registered 13. 15. 11. Tiff 1.2 NA 1.3 STI 1.4 CI 16. 17. 18. 19. 19. 10. 10. 10. 10. 10. 10	Agent signature requ LE ME REET ADDRESS 'Y-ST-ZIP LE	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS C-TY-S1-ZIP TITLE NAME	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES	OFFICERS AND DIR C., D.C. VEST 34453 C., D.C.	erie if applicable RECTORS DELET	(NOTE Registered 13. 15. 11. Tiff 1.2 NA 1.3 ST 1.4 Cit 16. 17. 18. 19. 10. 10. 10. 10. 10. 10. 10	Agent signature requ LE ME REET ADDRESS 'Y-ST-ZIP LE ME	uired when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. 1014 NAME STREET ADDRESS C-TY-S1-ZP THE MAM: STREET ADDRESS	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	erie if applicable RECTORS DELET	(NOTE Registered 13. IE 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Agent signature requ LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	uired when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CTY-SI-ZP TITLE MM:	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	erie if applicable RECTORS DELET	(NOTE Registered 13. 15. 11. Tiff 1.2 NA 1.3 STI 1.4 CII 16. 17. 18. 19. 19. 19. 19. 19. 19. 19	Agent signature requ LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	uired when reinstating)	DATE	DIRECTOR Change	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE MAM: STREET ADDRESS CITY-SI-ZIP	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	RECTORS DELET	(NOTE Registered 13. IE 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	RECTORS DELET	(NOTE Registered 13. IE 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT IE 31 TIT 3.2 NA 3.3 STI	Agent signature requirements and the signature requirements are signature requirements. The signature requirements are signature requirements and the signature requirements are signature requirements. The signature requirements are signature requirements and the signature requirements are signature requirements. The signature requirements are signature requirements and the signature requirements are signature requirements. The signature requirements are signature requirements and the signature requirements are signature requirements. The signature requirements are signature requirements and signature requirements are signature requirements. The signature requirements are signature requirements and signature requirements are signature requirements. The signature req	uired when reinstating)	DATE	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP OTHER NAME STREET ADDRESS GITY-ST-ZIP	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	DELET	(NOTE Registered 13. IE 1.1 Tif 1.2 NA 1.3 STI 1.4 CI 12.2 NA 23 STI 2 4 CI IE 31 Tif 32 NA 3.3 STI 3.4 CI	Agent signature required to the signature re	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	RECTORS DELET	(NOTE Registered 13. IE 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 3.4 CIT IE 4.1 TIT	Agent signature required to the signature re	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME SIRELT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	DELET	(NOTE Registered 13. 14. 1.2 NA 1.3 STI 1.4 CD 1.2 NA 2.3 STI 2.4 CD 1.5 TTI 3.2 NA 3.3 STI 3.4 CD 1.6 TTI 4.2 NA	Agent signature required to the signature re	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	DELET	(NOTE Registered 13. IE 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 3.4 CIT 4.2 NA 4.3 STI 4.4 CIT 4.4 CIT	Agent signature required LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME ME REET ADDRESS TY-ST-ZIP LE ME ME ME ME ME ME ME ME ME	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM: STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	DELET	(NOTE Registreed 13. 14. 1.1 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 3.4 CIT 4.2 NA 4.3 STI 4.2 NA 4.3 STI 4.2 NA	Agent signature required LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE MME	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	DELET	(NOTE Registered 13. 14. 1.1 Tiff 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 3.4 CIT 4.1 Tiff 4.2 NA 4.3 STI 4.4 CIT 1E 5.1 Tiff 5.2 NA	Agent bignature required LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME ME REET ADDRESS	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP LITTLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	DELET	(NOTE Registered 13. 14. 1.1 1.2 NA 1.3 STI 1.4 CII 2.2 NA 2.3 STI 2.4 CII 3.2 NA 3.3 STI 4.1 TII 4.2 NV 4.3 STI 4.4 CII 15.2 NA 5.3 STI	Agent bignature required LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WME REET ADDRESS Y-ST-ZIP LE WME REET ADDRESS	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	DELET	(NOTE Registered 13. 14. 1.2 NA 1.3 STI 1.4 CII 1.2 NA 2.3 STI 2.4 CII 1.7 TII 3.2 NA 3.3 STI 3.4 CII 4.2 NA 4.3 STI 4.2 NA 5.3 STI 5.2 NA 5.3 STI 5.4 CII 5.4 CII 5.5 CII 5.4 CII 5.5 CII	Agent bignature required LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP LITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	DELET	(NOTE Registered 13. 14. 1.1 1.2 NA 1.3 STI 1.4 CII 1.2 SA 2.3 STI 2.4 CII 3.3 STI 3.4 CII 4.1 TII 4.2 NA 4.3 STI 4.4 CII 5.2 NA 5.9 STI 5.4 CII TE 6.1 TII	Agent bignature required LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAMES 2202 HWY. 44 W INVERNESS FL PST CARTER, JAMES 2202 HWY 44 W INVERNESS FL	OFFICERS AND DIR C., D.C. VEST C., D.C. C., D.C.	DELET	(NOTE Regisered 13. 14. 1.1 1.2 NA 1.3 STI 1.4 CII 1.2 2NA 2.3 STI 2.4 CII 1.5 A CII 1.6 CII 1.7 TII 1.8 CII 1.9 CII 1.9 CII 1.0 CII	Agent bignature required LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

14. Loo 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 receive 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 attrictment with an address.

SIGNATURE:

SIGNATURE AND TYPED

352-726-4441