

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
 \*AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1000468

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 AUG -4 AM 10:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # H64739 (6)**  
 1. Corporation Name  
**A.A. CARNES INSURANCE AGENCY, INC.**

Principal Place of Business Mailing Address  
 382 W. STATE RD 434 382 W. STATE RD 434  
 LONGWOOD FL 32750 LONGWOOD FL 32750  
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Country  
 24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
**07/02/1985**  
 4. FEI Number Applied For  
**59-2108761** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CARNES, BARRY L.**  
**382 W. STATE ROAD 434**  
**LONGWOOD FL 32750**

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 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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARNES, BARRY L.</b>	
STREET ADDRESS	<b>382 W. STATE RD 434</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARNES, MARY J.</b>	
STREET ADDRESS	<b>382 W. STATE RD 434</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>500002613215--4</b>	
1.4 CITY-ST-ZIP	<b>-08/11/98--01072--004</b>	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>***150.00</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]*

7/7/98 (407)332-1234

CR2E034 (5/98)

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**A.A. Carnes, Inc. Realtor®**

CENTURION® Office, 1991-97

Quality Service Office, 1997

382 W. State Road 434

Longwood, Florida 32750

www.century21aacarnes.com

July 7, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee FL 32302-1500

RE: Action Mortgage, Inc. P9300007708(9)  
A.A. Carnes Insurance Agency, Inc. H64739  
A.A. Carnes, Inc F31829(9)

Dear Sirs,

When I received your 2nd notice for the three (3) corporations shown above, I was quite surprised since we had sent in the 1st notice with our checks in April.

I called today and spoke with Leslie at (850) 487-6059 and explained the problem. She stated they must be lost in the mail and that I should send this letter of explanation with the 2nd notice and three (3) checks for \$150.00 each.

Sincerely,

Barry L. Carnes  
Broker-President

Residential Department  
(407) 332-1234

Relocation / REO Department  
1-800-327-7173 / (407) 834-1234

Fine Homes & Estates Division  
(407) 834-1234 / 1-800-327-7173

Commercial Investment Department  
(407) 767-1234

Business Brokerage Department  
(407) 767-1234

Property Management Department  
(407) 260-2100