

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
CONSPIRACY OF LIES MATTERS

APPROVED
AND
FILED

DOCUMENT # H66991

(1)

1. Corporation Name

LAMAR CARDEN, CPA, PA

05 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% LAMAR CARDEN
659 S. INDIANA AVENUE
ENGLEWOOD FL 34223

Mailing Address

% LAMAR CARDEN
659 S. INDIANA AVENUE
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Chartered
07/17/1985

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2561906

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. 193.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

22

27

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

CARDEN, LAMAR
659 S. INDIANA AVENUE
ENGLEWOOD FL 33533

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Numbers Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation warrants 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 hereby accepting the obligations of Section 607.0509, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	DP CARDEN, LAMAR 659 S. INDIANA AVENUE ENGLEWOOD FL
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 19.012, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if used to certify that I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 1 file prepared or on an attachment with an address.

SIGNATURE: *Lamar Carden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95