FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H75220** **(4)**

1. Corporation Name
CARRISON, INC.

Principal Place of Business	Mailing Address
402 E. SLIGH AVE. TAMPA FL 33604	402 E. SLIGH AVE. TAMPA FL 33604

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: **09/10/1985**

3a. Date of Last Report: **02/27/1995**

4. FEI Number: **59-2581389** ☐ 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 [redacted] Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

GONZALEZ, ROBERT M.
402 E. SLIGH AVE.
TAMPA FL 33604

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 ___ DATE ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP NAME: GONZALEZ, ROBERT M. STREET ADDRESS: 402 E. SLIGH AVE. CITY-ST-ZIP: TAMPA FL	☐ DELETE	1.1 TITLE: D 1.2 NAME: GONZALEZ, Robert M. 1.3 STREET ADDRESS: 417 So. MANHATTAN AVE 1.4 CITY-ST-ZIP: TAMPA, FL. 33609	☒ Change ☐ Addition
TITLE: DV NAME: GONZALEZ, CRUZ M. STREET ADDRESS: 3936 W. KENNEDY BLVD CITY-ST-ZIP: TAMPA FL	☐ DELETE	2.1 TITLE: DP 2.2 NAME: GONZALEZ, CRUZ M. 2.3 STREET ADDRESS: 3936 W. KENNEDY BLVD 2.4 CITY-ST-ZIP: TAMPA, FL. 33609	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	3.1 TITLE: DV 3.2 NAME: [redacted] GONZALEZ, RobertM. JR 3.3 STREET ADDRESS: 402 E. SLIGH AVE 3.4 CITY-ST-ZIP: TAMPA, FL. 33604	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert M. Gonzalez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 — 813-239-2700

CR2E034 (12/95)