

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 # **H76937** (2)

1. Corporation Name

CARTER PROPERTIES OF GAINESVILLE, INC.



Principal Place of Business

**4420 NW 36TH AVENUE
GAINESVILLE FL 32606-7204**

Mailing Address

**4420 NW 36TH AVENUE
GAINESVILLE FL 32606-7204**

3. Date Incorporated or Qualified
09/20/1985

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 **2458 N.W. 15 PLACE**

26 **SAME AS BUSINESS**

4. FEI Number

59-2750837

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **GAINESVILLE FL.**

28 City & State

24 Zip

Country

29 Zip

Country

25 **32605**

26 **ALACHUA**

30

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

10. Name and Address of New Registered Agent

**CARTER, IRA J.
4420 NW 36TH AVENUE
GAINESVILLE FL 32606**

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 607.1506, 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 of principal officer, director, or registered agent, if applicable

NOTE: For a New Agent Signature, include name and address

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **CARTER, IRA JUDSON, IV**
CITY-ST-ZIP **4420 NW 36TH AVENUE
GAINESVILLE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BARKLEY, JAMES V.**
CITY-ST-ZIP **4420 NW 36TH AVENUE
GAINESVILLE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BAXLEY, MILTON, II**
CITY-ST-ZIP **4610 NW 13TH AVENUE
GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **IRA J. CARTER IV**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Or

(352) 377-5682
Daytime Phone #

CR2E034 (12/95)