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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

H77427

(3)

CARTER-PRYOR GROVES, INC.								
Principal Place of	Business	Mailing Address				14 1881 81811 91811 VI	Dit Aftis biatt areri tool	
C/O CHARLES R. CARTER 519 ELEUTHERA LN INDIAN HARBOUR BEACH FL 32937		C/O CHARLES R. CARTER 519 ELEUTHERA LN INDIAN HARBOUR BEACH FL 32937				1		
11000111					3. Date Incorporated or Qualified			
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 59-2621584		Applied For Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Certificate of Status Desired Status Desired Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees				
Z ₁ p	Country 25	Ζφ 29	Cour	ntry	8. This corporation has liability for a Florida Statutes Yes		der s 199.032,	
24	g Name and Address of Current		1901		10. Name and Address of New R	egistered Ager	nt	
				81 Name				
CARTER, CHARLES R.				82 Street Addr	iress (P.O. Box Number is Not Acceptable)			
519 ELEUTHERA LN Indian Harbour Beach FL 32937				83				
				84 City		FL 85	Zip Code	
or registered	the provisions of Sections 607,0502 I agent, or both, in the State of Florid , and accept the obligations of, Section	 Such change was authorize 	nd by the c	ve named corpor orporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changin pintment as regis	g its registered office stered agent. Fam	
SIGNATURE	guatizes syperillor por feel hanne of respectes, la jest s	editteraj pšaro (ta)	TE Pospotered	April signal de termin		DATE		
12.	OFFICERS AND	DRECIORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	PTD	☐ DELETE 1 :		1.6		Change Addition		
NAME	Carter, Charles R.		. 12 NA	ME				
STREET ADDRESS	519 ELEUTHERA LN		1 3 STREET ADORESS					
CITY-ST-ZIP	Indian Hrbr Beach Fl			TY-ST 21P				
TITLE	VSD	**************************************		TLF	Change Addition		nange 🔲 Addition	
NAME	pryor, William P.		2.2 NAMI.					
STREET ADDRESS	3006 S A1A			REET ADDRESS				
CHTY - ST - ZIP	VERO BEACH FL	XH FL		TY-ST-7P				
TITLE		DELETE	3 ' 1	TLE .		□ c)	hange 🔲 Addition	
NAME			3.2 N	IME				
STREET ADDRESS			33 S	TREET ADDRESS				
CITY - ST - ZIP			3 4 CI	1Y+\$1-ZIP				
TITLE	•	DELF16	4 1 7	TLF		[CI	hange 🔲 Addition	
NAME			42 N	NME .				
STREET ADDRESS			435	REEL ADDRESS				
CITY - SJ - ZIP			440	TY-ST-ZIF		-		
TITLE		DELETE	5 1 1	ITLE		□ c	hange	
NAME			52 N	NME .				
STREET ADDRESS			535	HEEF ADDRESS				
CITY-ST-ZIP				TY - ST - ZIP				
TITLE		□ DELETE	6 1 1			□ 0	hange 🔲 Addition	
NAME			62 N	AME				
STREET ADDRESS			635	TREET ADDRESS				
CITY-ST-ZIP			640	TY - ST - ZIP		07/0.41 51	Cash day 15 dis-	
certify that oath: that I	certify that the information supplied the information indicated on this annual an an officer or director of the corpo Block 12 or Block 13 if changed or or the corpo block 12 or Block 13 if changed or or the corpo block 12 or Block 13 if changed or or the corpo block 12 or Block 13 if changed or the corpo block 12 or Block 13 if changed or the corpo block 13 if changed or the corpo block 13 if changed block 14 if changed block 14 if changed block 15 if changed b	ial report or supplemental and ration or the receiver or truste	iuai report ia empowe	does not qualify is true and accur red to execute th	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, Fi	.u7(3)(k), Florida i same legal effe lorida Statutes; a	statures informer of as if made under and that my name	

SIGNATURE:

CHARLES R CARTER, PICES OF

4/19/96 407-773-2134 (April + Promo +

CR2E034 (12/95)