

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H79595**

(5)

1. Corporation Name

CAROTHERS LAND CORPORATION

Principal Place of Business

**3211 BAYSHORE SO
P.O. BOX 987
WARRINGTON FL 32507**

Mailing Address

**3211 BAYSHORE SO
P.O. BOX 987
WARRINGTON FL 32507**



2. Principal Place of Business

2a. Mailing Address

21 State: **FL**
22 County: **WARRINGTON**
23 City: **WARRINGTON**
24 Zip: **32507**
25 Country: **USA**
26 State: **FL**
27 County: **WARRINGTON**
28 City: **WARRINGTON**
29 Zip: **32507**
30 Country: **USA**

9. Name and Address of Current Registered Agent

**GRAY, JOHN
3211 BAYSHORE SQUARE
WARRINGTON FL 32507**

3. Date Incorporated or Qualified

10/07/1985

3a. Date of Last Report

01/19/1995

4. FID Number

59-2595673

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 integrative tax under s. 195.032,
Florida Statutes.

☒ Yes ☐ No

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. I, the undersigned, being a resident qualified person, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address given above to the Secretary of State. I hereby accept the appointment as registered agent. I am

12. Officers and Directors

OFFICERS AND DIRECTORS

13. Additions/Changes to Officers and Directors in 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. Officers and Directors
1. Name: **PD Secy Asst TREAS** ☐ Deleted ☐ Change ☐ Addition
2. Name: **GRAY, JOHN**
3. Name: **3211 BAYSHORE SQ**
4. Name: **WARRINGTON FL**
5. Name: **D Asst S, TREAS** ☐ Deleted ☐ Change ☐ Addition
6. Name: **CAROTHERS, R.L.**
7. Name: **1565 E DESOTO ST**
8. Name: **PENSACOLA FL**
9. Name: ☐ Deleted ☐ Change ☐ Addition
10. Name: ☐ Deleted ☐ Change ☐ Addition
11. Name: ☐ Deleted ☐ Change ☐ Addition
12. Name: ☐ Deleted ☐ Change ☐ Addition
13. Name: ☐ Deleted ☐ Change ☐ Addition
14. Name: ☐ Deleted ☐ Change ☐ Addition
15. Name: ☐ Deleted ☐ Change ☐ Addition
16. Name: ☐ Deleted ☐ Change ☐ Addition
17. Name: ☐ Deleted ☐ Change ☐ Addition
18. Name: ☐ Deleted ☐ Change ☐ Addition
19. Name: ☐ Deleted ☐ Change ☐ Addition
20. Name: ☐ Deleted ☐ Change ☐ Addition

13. Additions/Changes to Officers and Directors in 12
1. Name: **SECR, Asst TREAS, P D** ☐ Change ☒ Addition
2. Name: **TREAS, Asst TREAS, D** ☒ Change ☐ Addition
3. Name: ☐ Deleted ☐ Change ☐ Addition
4. Name: ☐ Deleted ☐ Change ☐ Addition
5. Name: ☐ Deleted ☐ Change ☐ Addition
6. Name: ☐ Deleted ☐ Change ☐ Addition
7. Name: ☐ Deleted ☐ Change ☐ Addition
8. Name: ☐ Deleted ☐ Change ☐ Addition
9. Name: ☐ Deleted ☐ Change ☐ Addition
10. Name: ☐ Deleted ☐ Change ☐ Addition
11. Name: ☐ Deleted ☐ Change ☐ Addition
12. Name: ☐ Deleted ☐ Change ☐ Addition
13. Name: ☐ Deleted ☐ Change ☐ Addition
14. Name: ☐ Deleted ☐ Change ☐ Addition
15. Name: ☐ Deleted ☐ Change ☐ Addition
16. Name: ☐ Deleted ☐ Change ☐ Addition
17. Name: ☐ Deleted ☐ Change ☐ Addition
18. Name: ☐ Deleted ☐ Change ☐ Addition
19. Name: ☐ Deleted ☐ Change ☐ Addition
20. Name: ☐ Deleted ☐ Change ☐ Addition

14. I, the undersigned, being a resident qualified person, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address given above to the Secretary of State. I hereby accept the appointment as registered agent. I am

SIGNATURE:

[Signature]
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

Jan. 15, 96 **904-432-1111**

CR2E034 (12/95)