

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 30 PM 1:52

DOCUMENT # H84604

(8)

1. Corporation Name

BARBARA CARPENTER, LTD., INC.

Principal Place of Business

1109 E. LAS OLAS BLVD. #9
FORT LAUDERDALE FL 33301

Mailing Address

P O BOX 210
BLUE RIDGE GA 30513
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1985

3a. Date of Last Report

06/28/1996

4. FEI Number

59-2643944

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 260 WEST MAIN

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Blue Ridge, GA.

Zip

24 30513

Country

25 USA

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

ZIEGLER, ROBERT E.
800 EAST BROWARD BOULEVARD
700 CUMBERLAND BUILDING
FORT LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME CARPENTER, BARBARA
STREET ADDRESS P O BOX 210
CITY-ST-ZIP BLUE RIDGE GA

TITLE VP ☐ DELETE
NAME CARPENTER, D. GILMER
STREET ADDRESS P O BOX 210
CITY-ST-ZIP BLUE RIDGE GA

TITLE S ☐ DELETE
NAME CARPENTER, DONALD
STREET ADDRESS P O BOX 210
CITY-ST-ZIP BLUE RIDGE GA

TITLE T ☐ DELETE
NAME CARPENTER, BARBARA
STREET ADDRESS P O BOX 210
CITY-ST-ZIP BLUE RIDGE GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 500002256545--6
1.3 STREET ADDRESS -08/04/97--01106--011
1.4 CITY-ST-ZIP *****165.00 *****165.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 500002256545--6
2.3 STREET ADDRESS -08/04/97--01106--012
2.4 CITY-ST-ZIP *****8.75 *****8.75

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara Carpenter* SIGNATURE REQUIRED

Barbara Carpenter 706-632-4801

CR2E034 (4/97)