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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H91738** (5)
1. Corporation Name
CARTER-DUVAL CORPORATION

Principal Place of Business
**P.O. BOX 1832
TALLAHASSEE FL 32302**

Mailing Address
**1040 E PARK AVENUE
TALLAHASSEE FL 32301-2677
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1985	3a. Date of Last Report 01/30/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2619431	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARTER, JERRY FRANCES
849 VICTORY GARDEN DR.
TALLAHASSEE FL 32301**

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 type: the printed name of registered agent and the filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, DANSBY D.	12 NAME	
STREET ADDRESS	99 BACON PLACE	13 STREET ADDRESS	
CITY- ST- ZIP	QUINCY FL	14 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MAMIE, E	22 NAME	
STREET ADDRESS	50 GLENWOOD AVE #302	23 STREET ADDRESS	
CITY- ST- ZIP	JERSEY CITY NJ	24 CITY- ST- ZIP	
TITLE	DP <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JERRY FRANCES	32 NAME	
STREET ADDRESS	849 VICTORY GARDEN DR.	33 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	34 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, WILLIAM MILES	42 NAME	
STREET ADDRESS	354 6TH ST. N.W.	43 STREET ADDRESS	
CITY- ST- ZIP	LARGO FL	44 CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, JAMES B. JR.	52 NAME	
STREET ADDRESS	1040 E PARK AVENUE	53 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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: *J. B. Wadsworth, Jr.* **J. B. Wadsworth, Jr.** 2-28-97 (904) 224-3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)