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 # **J29190** **(2)**

1. Corporation Name
CARTER'S N. E. FLA. ENTERPRISES, INC.

Principal Place of Business
609 TALLEYRAND AVENUE
P.O. BOX 11238
JACKSONVILLE FL 32239

Mailing Address
609 TALLEYRAND AVENUE
P.O. BOX 11238
JACKSONVILLE FL 32239

2. Principal Place of Business
21 541 Talleyrand Ave.
Suite, Apt. #, etc
22
City & State
23 Jacksonville, FL 32202
Zip
24 32202
Country
25

2a. Mailing Address
26 541 Talleyrand Ave.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL 32202
Zip
29 32202
Country
30

3. Date Incorporated or Qualified: 08/18/1986
3a. Date of Last Report: 06/13/1995
4. FEI Number: 59-2714974 ☐ 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 intangible tax under s. 199.032, Florida Statutes. XX Yes ☐ No

9. **Name and Address of Current Registered Agent**
CARTER, CLIFFORD E
832 MONTE CARLO RD
JACKSONVILLE FL 32216

10. **Name and Address of New Registered Agent**
81 Name: Larry S. Collins
82 Street Address (P.O. Box Number is Not Acceptable): 2065 Chisholm Trail
83
84 City: Jacksonville FL 85 Zip Code: 32225

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: Larry S. Collins DATE: Feb. 6, 1996

12. OFFICERS AND DIRECTORS

TITLE	DP	XX DELETE
NAME	CARTER, CLIFFORD	
STREET ADDRESS	832 MONTE CARLO RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	XX DELETE
NAME	SMITH, JANET	
STREET ADDRESS	3033 LANTANA LKS DR E	
CITY-ST-ZIP	JACKSONVILLE 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change XX Addition
1.2 NAME	Larry S. Collins	
1.3 STREET ADDRESS	2065 Chisholm Trail	
1.4 CITY-ST-ZIP	Jacksonville, FL 32225	
2.1 TITLE	ST	☐ Change XX Addition
2.2 NAME	Cynthia C. Collins	
2.3 STREET ADDRESS	2065 Chisholm Trail	
2.4 CITY-ST-ZIP	Jacksonville, FL 32225	
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		

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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: Larry S. Collins Feb. 6, 1996 (904) 353-0604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #