

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:02

DOCUMENT # K36815

(4)

1. Corporation Name:

CARLOR OF SARASOTA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

8420 LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

Mailing Address:

8420 LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Received:

10/05/1988

3a. Date of Last Report:

05/10/1994

4. FET Number:

65-0101090

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:

☒ Yes ☐ No

2. Principal Place of Business:

21 179 CRESCENT DR

State Apt. #, etc.

City & State:

23 PUNTA GORDA, FL

Zip:

24 33950

2a. Mailing Address:

26 SAME ←

State Apt. #, etc.

City & State:

28

Zip:

29

County:

30

9. Name and Address of Current Registered Agent:

CARLSON, CARL E., JR.
8420 LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

10. Name and Address of New Registered Agent:

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

179 CRESCENT DR

83

84 City:

PUNTA GORDA

FL

85 Zip Code:

33950

11. Pursuant to the provisions of Sections 602.0602 and 602.1508, 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 Sections 602.0602, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

12a. Title:

DPT

12b. Name:

CARLSON, CARL

12c. Street Address:

8420 LOCKWOOD RIDGE RD.

12d. City & State:

SARASOTA FL

12e. Title:

VS

12f. Name:

LORE, PHIL

12g. Street Address:

8420 LOCKWOOD RIDGE RD.

12h. City & State:

SARASOTA FL

12i. Title:

12j. Name:

12k. Street Address:

12l. City & State:

12m. Title:

12n. Name:

12o. Street Address:

12p. City & State:

12q. Title:

12r. Name:

12s. Street Address:

12t. City & State:

12u. Title:

12v. Name:

12w. Street Address:

12x. City & State:

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:

13a. Title:

☒ Change ☐ Addition

13b. Name:

13c. Street Address:

179 CRESCENT DR

13d. City & State:

PUNTA GORDA, FL 33950

13e. Title:

☒ Change ☐ Addition

13f. Name:

13g. Street Address:

21332 BURKHART DR

13h. City & State:

PORT CHARLOTTE, FL 33952

13i. Title:

☐ Change ☐ Addition

13j. Name:

13k. Street Address:

13l. City & State:

13m. Title:

☐ Change ☐ Addition

13n. Name:

13o. Street Address:

13p. City & State:

13q. Title:

☐ Change ☐ Addition

13r. Name:

13s. Street Address:

13t. City & State:

13u. Title:

☐ Change ☐ Addition

13v. Name:

13w. Street Address:

13x. City & State:

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and equally for the incorporation stated in Sections 190.01(1)(b), Florida Statutes. I further certify that the information included 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 person or persons who are required to make this report as required by Chapter 602, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document or on an affidavit filed with an address.

SIGNATURE:

Carl E. Carlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95

813-639-9346