FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Apr 24 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS 19**98 DOCUMENT #

1. Corporation Name (5)CARLETON FINANCIAL, INC. Principal Place of Business Mailing Address 9525 BLIND PASS ROAD. SUITE #1 9525 BLIND PASS ROAD. SUITE #1 ST PETERSBURG BEACH FL 33706 ST PETERSBURG BEACH FL 33706 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2947466 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X-Yes 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ELY, EDITH C. 5801 16TH ST. SOUTH Street Address (P.O. Box Number is Not Acceptable) UNIT 1 83 ST. PETERSBURG FL 33705 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE PD 1.1 TITLE HUTCHINSON, JEAN C. NAME 1.2 NAME 9525 BLIND PASS ROAD #1 STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SHEEHAN, CAROL 2.2 NAME 9525 BLIND PASS ROAD #1 STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG BCH FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address.

FILED

april 16, 1998 (813)360-5442