FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00750** **(4)**

1. Corporation Name
CARROLL FULMER GROUP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 616300 5395 L.B. MCLEOD ROAD ORLANDO FL 32861-3300	P.O. BOX 616300 5395 L.B. MCLEOD ROAD ORLANDO FL 32861-3300

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/10/1989	04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0194521	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

FULMER, PHILIP, R
1010 PALADIN COURT
ORLANDO FL 32806

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	FULMER, CARROLL ANTHONY	1.2 NAME		
STREET ADDRESS	1065 DOSS AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32809	
TITLE	COB	2.1 TITLE		☒ Change ☐ Addition
NAME	FULMER, CARROLL, L	2.2 NAME		
STREET ADDRESS	6971 CHARLESTON PARK	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32819	
TITLE	EVP	3.1 TITLE		☒ Change ☐ Addition
NAME	FULMER, BARBARA, B	3.2 NAME		
STREET ADDRESS	6971 CHARLESTON PARK	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	32819	
TITLE	P	4.1 TITLE		☒ Change ☐ Addition
NAME	FULMER, PHILIP, R	4.2 NAME		
STREET ADDRESS	1010 PALADIN COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	32806	
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	FULMER, TIMOTHY, A	5.2 NAME		
STREET ADDRESS	9239 WOODBREEZE BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	5.4 CITY-ST-ZIP	32819	
TITLE	V	6.1 TITLE		☒ Change ☐ Addition
NAME	TURNER, CYNTHIA, F	6.2 NAME		
STREET ADDRESS	137 HARTINGTON DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON AL	6.4 CITY-ST-ZIP	35758	

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)(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 B Fulmer **4-21-95** **(407) 299-0900**
BARBARA B. FULMER NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000170 CP