

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO8082** (4)

1. Corporation Name

CARRIER INVESTMENT COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
C/O JOHN V. VERNER, M.D. 300 WEST REYNOLDS STREET PLANT CITY FL 33566		C/O JOHN V. VERNER, M.D. 300 WEST REYNOLDS STREET PLANT CITY FL 33566	
3. Date Incorporated or Qualified 08/10/1989		3a. Date of Last Report 05/01/1994	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2963199	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VERNER, JOHN V., M.D. 300 WEST REYNOLDS STREET PLANT CITY FL 33566		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIER, M.L.	12 NAME	
STREET ADDRESS	1601 DEKLE	13 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNER, JOHN V. M.D.	22 NAME	
STREET ADDRESS	300 W. REYNOLDS	23 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMP, JAMES R.	32 NAME	
STREET ADDRESS	300 W. REYNOLDS	33 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M.L. CARRIER* DATE: *4/20/94*
SIGNATURE AND STAMPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR