

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 # L15444 (7)

1. Corporation Name

CARRCOM, INC.



Principal Place of Business

1510 BOTTLEBRUSH DR., STE. 13
P O BOX 061738
PALM BAY FL 32905
US

Mailing Address

1510 BOTTLEBRUSH DR., STE. 13
P O BOX 061738
PALM BAY FL 32905
US

3. Date Incorporated or Qualified
09/11/1989

3a. Date of Last Report
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 2185 ALGERIA ST. NE

26 P O BOX 061738

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P O BOX 061738

27

City & State

City & State

23 PALM BAY FL

28 PALM BAY FL

24 Zip 32905

Country USA

29 Zip 32906-1738

Country USA

4. FEI Number
59-2970444

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAGANO, ALBERT S.
1900 PALM BAY RD NE
SUITE G
PALM BAY FL 32905

81 Name DIANA TUAL
82 Street Address (P.O. Box Number is Not Acceptable)
1900 PALM BAY RD NE
83 SUITE G
84 City PALM BAY FL 85 Zip Code 32905

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 607.0605, Florida Statutes.

SIGNATURE

Signature of typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

3/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CARR, PETER D
STREET ADDRESS 2720 POMELO RD
CITY-ST-ZIP VALKARIA FL

TITLE DV
NAME MCCLORY, JOHN J
STREET ADDRESS 2185 ALGERIA ST.
CITY-ST-ZIP PALM BAY FL

TITLE ST
NAME MCCLORY, JOHN J
STREET ADDRESS 2185 ALGERIA ST.
CITY-ST-ZIP PALM BAY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

P/V/D IS/T
MCCLORY JOHN J.
2185 ALGERIA ST NE
PALM BAY, FL 32905

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar. 19, 1996 (407) 725-9410

CR2E034 (12/95)