

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L22713** (6)
1. Corporation Name
CARRIED AWAY, INC.



Principal Place of Business: **1443 MARKET ST
TALLAHASSEE FL 32312
US**
Mailing Address: **1443 MARKET ST
TALLAHASSEE FL 32312
US**

| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/13/1989 | | 3a. Date of Last Report 05/01/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2970943 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BIXLER, JOANN R. 3725 TOM JOHN LN TALLAHASSEE FL 32308 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating.)

Date

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------------|---------------------------------|--|---|--|---|--|
| TITLE | P | <input type="checkbox"/> DELETE | | 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BIXLER, JOANN RIMES | | | 12 NAME | | | |
| STREET ADDRESS | 3725 TOM JOHN LN | | | 13 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | 14 CITY-ST-ZIP | | | |
| TITLE | ST | <input type="checkbox"/> DELETE | | 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DUGGER, DEBORAH DAVIS | | | 22 NAME | | | |
| STREET ADDRESS | 903 LASSWADE DR. | | | 23 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | 24 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 32 NAME | | | |
| STREET ADDRESS | | | | 33 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 34 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 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 | | <input type="checkbox"/> DELETE | | 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 | | <input type="checkbox"/> DELETE | | 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Deborah D. Dugger** **Deborah D. Dugger** 8/7/96 668-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)