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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:17

DOCUMENT # **L40749** **(8)**

1. Corporation Name

B.A. CARLSON FLORIDA, INC.

Principal Place of Business
C/O THE PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA ST.
TALLAHASSEE FL 32301

Mailing Address
C/O THE PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA ST.
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/08/1990**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business
21 3675 20th St.
Suite, Apt. #, etc
22 "B"
City & State
23 Vero Beach, FL.
Zip 24 32960 Country 25 USA

2a. Mailing Address
26 3675 20th Street
Suite, Apt. #, etc
27 "B"
City & State
28 Vero Beach, FL.
Zip 29 32960 Country 30 USA

4. FEI Number: **13-3551947** 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. Does corporation have liability for intangible tax under § 199.032 Florida Statutes ☐ Yes **X** No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARLSON, BYRON V.
STREET ADDRESS	3675 20TH ST S-B
CITY ST ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	D & P	X Change ☐ Add/Del
1. NAME		
1. STREET ADDRESS		
1. CITY ST ZIP		
2. TITLE		☐ Change ☐ Add/Del
2. NAME		
2. STREET ADDRESS		
2. CITY ST ZIP		
3. TITLE		☐ Change ☐ Add/Del
3. NAME		
3. STREET ADDRESS		
3. CITY ST ZIP		
4. TITLE		☐ Change ☐ Add/Del
4. NAME		
4. STREET ADDRESS		
4. CITY ST ZIP		
5. TITLE		☐ Change ☐ Add/Del
5. NAME		
5. STREET ADDRESS		
5. CITY ST ZIP		
6. TITLE		☐ Change ☐ Add/Del
6. NAME		
6. STREET ADDRESS		
6. CITY ST ZIP		

14. I hereby certify that the information supplied with this report is accurately typed and printed, for the purpose of complying with Section 607.0502 and 607.1508 Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that, subsequent to the date I sign below, I will promptly file with the Department of State any change in the information required to be included in the report pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an attached sheet with an address.

SIGNATURE: Byron V. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95 407-468-2056

0021949 CP