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 MAR 20 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L58938 (6)

1. Corporation Name
CARLISLE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2085 GULF TO BAY BLVD. CLEARWATER, FL 34625	2085 GULF TO BAY BLVD. CLEARWATER, FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2998431	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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARQUARDT, EMIL C., JR
400 CLEVELAND STREET
, SUITE 800
CLEARWATER, FL 34615

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	WILKERSON, SCOTT A.	12 NAME	
STREET ADDRESS	128 BUENA VISTA DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34698	14 CITY ST ZIP	
TITLE	C/D	21 TITLE	☐ Change ☐ Addition
NAME	CARLISLE, DANIEL W.	22 NAME	000001436020
STREET ADDRESS	426 ST. ANDREWS DR.	23 STREET ADDRESS	-03/22/95--01030--009
CITY-ST-ZIP	BELLEAIR, FL 34616	24 CITY ST ZIP	****200.00 ****200.00
TITLE	D/CEO	31 TITLE	☐ Change ☐ Addition
NAME	CARLISLE, STEVEN D.	32 NAME	
STREET ADDRESS	224 POINCIANA LANE	33 STREET ADDRESS	
CITY-ST-ZIP	HARBOR BLUFFS, FL 34640	34 CITY ST ZIP	
TITLE	S/T/D	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BOBBY D.	42 NAME	
STREET ADDRESS	3599 FAIRWAY FOREST DR.	43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	CH

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 the 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: _____ 3/17/95 (813) 461-3535
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
SCOTT A. WILKERSON