

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L65185** (5)

1. Corporation Name

CARLEE COMPANY, INC. OF PINELLAS



Principal Place of Business

**902 LIVE OAK ST
TARPON SPRINGS FL 34689-4140**

Mailing Address

**902 LIVE OAK ST
TARPON SPRINGS FL 34689-4140**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BAKER, ROY E.
902 LIVE OAK ST
TARPON SPRINGS FL 33589**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/12/1990

3a. Date of Last Report

03/22/1995

4. FEI Number

59-2996400

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed on this report and on the supplemental report, if applicable.

(Name is required for all corporations and for all other entities.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	☐ DELETE
NAME	BAKER, ROY E.	
STREET ADDRESS	902 LIVE OAK ST	
CITY- ST- ZIP	TARPON SPRINGS FL	
TITLE	PD	☐ DELETE
NAME	SHARRITTS, JAMES L.	
STREET ADDRESS	902 LIVE OAK ST	
CITY- ST- ZIP	TARPON SPRINGS FL	
TITLE	STD	☐ DELETE
NAME	BAKER, MARGERY	
STREET ADDRESS	902 LIVE OAK ST	
CITY- ST- ZIP	TARPON SPRINGS FL	
TITLE	D	☐ DELETE
NAME	SHARRITTS, CAROL	
STREET ADDRESS	902 LIVE OAK ST	
CITY- ST- ZIP	TARPON SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James L. Sharritts JAMES L. SHARRITTS PRESIDENT

3-1-96

813-934-0848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)