

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Feb 04 1997 8:00am
Secretary of State

DOCUMENT # L65185
1. Corporation Name: **CARLEE COMPANY, INC. OF PINELLAS**

Principal Place of Business
802 LIVE OAK ST
TARPON SPRINGS FL 34689-4140

Mailing Address
902 LIVE OAK ST
TARPON SPRINGS FL 34689-4140

3. Date Incorporated or Qualified 04/12/1990		3a. Date of Last Report 03/07/1996	
4. FEI Number 59-2996400		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

10. Name and Address of New Registered Agent

is (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12.		OFFICERS AND DIRECTORS	
TITLE	CEOD		<input type="checkbox"/> DELETE
NAME	BAKER, ROY E.		
STREET ADDRESS	902 LIVE OAK ST		
CITY - ST - ZIP	TARPON SPRINGS FL		
TITLE	PD		<input type="checkbox"/> DELETE
NAME	SHARRITTS, JAMES L.		
STREET ADDRESS	902 LIVE OAK ST		
CITY - ST - ZIP	TARPON SPRINGS FL		
TITLE	STD		<input type="checkbox"/> DELETE
NAME	BAKER, MARGERY		
STREET ADDRESS	902 LIVE OAK ST		
CITY - ST - ZIP	TARPON SPRINGS FL		
TITLE	D		<input type="checkbox"/> DELETE
NAME	SHARRITTS, CAROL		
STREET ADDRESS	902 LIVE OAK ST		
CITY - ST - ZIP	TARPON SPRINGS FL		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: James L. Sharritts James L. Sharritts 1-28-97 813-934-0848

CR2E034 (9/06)