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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L66350

(4)

1. Corporation Name
CARROLLTON DEVELOPERS, INC.



Principal Place of Business

% DONALD LEIKAM
4013 W LINEBAUGH AVENUE
TAMPA FL 33624

Mailing Address

% DONALD LEIKAM
4013 W LINEBAUGH AVENUE
TAMPA FL 33624-5236

3. Date Incorporated or Qualified

04/16/1990

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3016129

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

9. Name and Address of Current Registered Agent

LEIKAM, DONALD
4013 W LINEBAUGH AVE
TAMPA FL 33624

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 agent 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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

11 TITLE
NAME
12 STREET ADDRESS
CITY, ST, ZIP
DP
LEIKAM, DONALD
4013 W LINEBAUGH AVE
TAMPA FL

☐ DELETE

13 TITLE
NAME
14 STREET ADDRESS
CITY, ST, ZIP
DST
LEIKAM, CAROLE
4013 W LINEBAUGH AVE
TAMPA FL

☐ DELETE

15 TITLE
NAME
16 STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

17 TITLE
NAME
18 STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

19 TITLE
NAME
20 STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

21 TITLE
NAME
22 STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 on an attachment with an address.

SIGNATURE:

Carole Leikam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97

813-962-7779

Date

Daytime Phone #

CR2E034 (9/96)