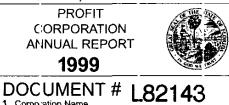
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corpo ation Name

CARRABELLE FL 32322



FLORIDA DEPARTMENT OF STATE

## Kath erine Harris

Secretary of State DIVISION OF CORPORATIONS

CARRABELLE FL 32322

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90153 036 \*\*\*150.00

CARRIABELLE REALTY, INC.		
Principal Place of Business	Mailing Address	
C/O RUBY JOYCE LITTON P. O. BOX 708 CARRABELLE EL 32222	C/O RUBY JOYCE LITTON P. O. 80X 708 CARRABELLE EL 32322	DO NOT WRITE IN THIS SPACE

					3.	Date Incorporated or Qualifed 06/14/1990		
2. Principal F	Place of Business	2a. Mailing Address			4.	FEI Number	Ar	pplied For
21		26				<u>59-3023063</u>	N/	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5.	. Certificate of Status Desired	+	Additional equired
City & Sta	te	City & State			6.	i. Elect on Campaign Financing  Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29	Country		8.	. This corporation owes the current year In Personal Property Tax.	tangible	<del>⊴No</del>
	9. Name and Acdress of Curre	it Registered Agent			10.	). Nam∋ and Address of New Registered	Agent	
			81	Name				
LITTON, RUBY JOYCE 101 WEST HIGHWAY 98			82	Street Add	Jress (F	P.O. Box Number is Not Acceptable)		,
CAF	RRABELLE FL 32322		83	-				
			84	City			85 Zip	Code
11 Dureuset	to the provisions of Sections 607 050	12 and 607 1508. Florida Statute	s the above	e-named corr	noratio	on submits this statement for the purpose coord of directors. I hereby accept the appo	f changing its	registered
agen . I a SIGNATL RE	am familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statute:	S. nt signature re quire				
12.		ID DIRECTORS	13.	nt aignotoro re quit		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	0	□ DELETE	1.1 TITLE				☐ Change	Addition
NAME	LITTON, RUBY JOYCE		1,2 NAME					
STREET ADDRESS			13 STREE	T ADDRESS				
CITY-ST-ZIP	CARRABELLE FL		1.4 CITY-S					
TITLE	O'HITO IDEDITION	☐ DELETE	2.1 TITLE	· -:			Change	Addition
NAME			2.2 NAME					
STREET ADDITESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDITIESS	6		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	1		3.4. CITY-	ST-ZIP				_ <del></del>
TITLE		☐ DELETE	4.1 TITLE			•	☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDF ESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				- <u> </u>
TITLE	1	☐ DELETE	5 1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDF:ESS	;			T ADDRESS				<b>*</b>
CITY-ST-ZIP			5.4 CITY-5					
TITLE		☐ DELETE	61 TITLE	-		-	Change	Addition
NAME			62 NAME					
STREET ADDF ESS	s.		6.3 STREE	TADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP