FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M66834** **(6)**

1. Corporation Name

CARRIAGE TRAIL, INC.

Principal Place of Business	Mailing Address
3081 HOLCOMB BRIDGE RD. STE. A-1 NORCROSS ~~GA~~ 30071 US	3081 HOLCOMB BRIDGE RD. STE. A-1 NORCROSS GA 30071 US

2. Principal Place of Business
- 21
- Suite, Apt. #, etc. 22
- City & State 23 NORCROSS, GA
- Zip 24 Country 25

2a. Mailing Address
- 26
- Suite, Apt. #, etc. 27
- City & State 28
- Zip 29 Country 30

3. Date Incorporated or Qualified: **02/03/1988**

3a. Date of Last Report: **01/23/1995**

4. FEI Number: **59-2869587** ☐ 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**

TRENTELMAN, JOHN C
207 N. MAGNOLIA AVE.
OCALA FL 34476

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	TRENTELMAN, JOHN C	
STREET ADDRESS	207 N. MAGNOLIA AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	ZIEGLER, W., C.	
STREET ADDRESS	11505 N GRADY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	NEELD, WILLIAM, BRADY	
STREET ADDRESS	~~450 E 30 ST #101~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE	PTD	☐ DELETE
NAME	PILLAT, PAUL	
STREET ADDRESS	3081 HOLCOMB BRIDGE RD, SUITE A1	
CITY-ST-ZIP	ATLANTA GA	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	NEELD, WILLIAM BRADY	
3.3 STREET ADDRESS	9805 WEST RIVERWOOD DRIVE	
3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] 2-23-96 (770) 840-8056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL R. PILLAT