

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M72570** (8)

1. Corporation Name

CENTRAL FLORIDA CARPETBAGGERS, INC.

Principal Place of Business

Mailing Address

**4455 DARDANELLE DR.
ORLANDO FL 32808
US**

**P.O. BOX 161681
ALTAMONTE SPRINGS FL 32716**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/11/1988	10/17/1995
4. FEI Number	Applied for
59-2924364	<input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent

**CRUMP, CHARLES R.
1125 BOX 727 LAMAR AVE.
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 restate)

Date

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CRUMP, CHARLES R.
STREET ADDRESS	1125 LAMAR AVE.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	V
NAME	KOTTHAUS, GENE
STREET ADDRESS	1120 E. LAKEVIEW CIR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	DST
NAME	CRUMP, DONNA B.
STREET ADDRESS	1125 LA MAR AVE.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12	Change <input type="checkbox"/> Addition <input type="checkbox"/>
13	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished further certify that the information indicated on this annual report or supplemental and made under oath, that I am an officer or director of the corporation or the receiver or that my name appears in Block 12 or Block 13 if changed, or on an attachment with a

SIGNATURE:

Sandra B. Crump
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/96 *407-682-3400*
Date Signature

CR2E034 (3/96)