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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M75181

1. Corporation Name

P.D.O. CARLE T.V. INC.

ABLE 1.V. INC.								
of Rusiness	Mailing Address						1011 01011 1001	
P.O. BOX 780 P.O. BOX 780								
DUNNELLON FL 32630 DUNNELLON FL 32630					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/04/1988		-	
Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For		
	26				59-2878311	No	t Applicable	
#, etc.	Suite, Apt. #, etc.				E Condition to all Status Desired	\$8.75 A	dditional	
	27				5. Certificate of Status Desired	Fee Re	quired	
e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
	28				Trust Fund Contribution Added to Fees			
Country	Zip	Zip Cour			8. This corporation owes the current year	Intangible		
25	29	29 30			Personal Property Tax.	☐ Yes	□No	
4					10. Name and Address of New Register	ed Agent		
			81	Name				
CARROLL, TERESA P. 17755 WEST HWY 40			92	Chanak Ada	deepe (D.O. Bey Number is Not Assessable)			
			62 Street Add		dress (P.O. Box Number is Not Acceptable)			
DUNNELLON FL 32630			83		THE PROPERTY OF THE PROPERTY O	H Y 27 THUI 2180 V	76 Fig. 157	
•					,此為4.2 [國門宣傳·國際機構]推動		ibi Biği işşi	
at out one or a com-					F		* * *	
egistered agent, or both, in the State.	of Florida. Such change	e was authoriz	ed by	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered	
							,	
				nt signature requi	3/1			
_		TITLE			☐ Change	Addition		
•		1.2	NAME					
		STREE	TADDRESS					
DUNNELLON FL 140			CITY-S	T-ZIP				
VS	/S □ DELETE 2.1		2.1 TITLE			Change	☐ Addition	
CARROLL, TERESA P. 22		2.2 NAME		. •		- 1		
•		2.3 STREET ADORESS				Į		
		1						
	. □ DEL					☐ Change	☐ Addition	
	_	32	NAME	ĺ		**	ļ	
5737.57				TADDRESS	an alaykon 1992 an 1992	dan Marka Parka Kabura	200 200 0 20	
	□ nri			or-LIF		Change	Addition	
	contry 25 9. Name and Address of Curren ROLL, TERESA P. 5 WEST HWY 40 NELLON FL 32630 Rothe provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with, and accept the obligation of the provisions of Sections 607.0500 and familiar with a section of the provisions of Sections 607.0500 and familiar with a section of the provision of Sections 607.0500 and familiar with a section of the section of t	A of Business GHWAY 40 17755 WEST HIGHM P.O. BOX 780 DUNNELLON FL 32 ace of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 29 9. Name and Address of Current Registered Agent ROLL, TERESA P. 5 WEST HWY 40 NELLON FL 32630 To the provisions of Sections 607.0502 and 607.1508, Florida agent familiar with, and accept the obligations of, Section 607.05 Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PTD CARROLL, KENNETH RAY 7629 SW 188TH AVE. DUNNELLON FL VS CARROLL, TERESA P. 7629 SW 188TH AVE. DUNNELLON FL DEL DEL DEL DEL DEL DEL DEL D	or of Business GHWAY 40 17755 WEST HIGHWAY 40 P.O. BOX 780 DUNNELLON FL 32630 ace of Business 2a. Mailing Address 2b. Get City & State 2c. City & State 2c. City & State 2c. P.O. Name and Address of Current Registered Agent ROLL, TERESA P. SWEST HWY 40 NELLON FL 32630 Signature, typed or pinted name of registered agent and title if applicable. OFFICERS AND DIRECTORS PTD OFFICERS AND DIRECTORS To ARROLL, KENNETH RAY To ARROLL, KENNETH RAY To ARROLL, TERESA P. CARROLL, TERESA P. CARROLL, TERESA P. To ARROLL, TERESA P. CARROLL, TERESA P. To ARROLL, TERESA P. To ARROLL D. DELETE 3.1 DELETE 3.2 3.3 DELETE 4.1	Or Business GHWAY 40 17755 WEST HIGHWAY 40 P.O. BOX 780 DUNNELLON FL 32630 ace of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country Zip Country Zip Country 25 9. Name and Address of Current Registered Agent ROLL, TERESA P. 5 WEST HWY 40 NELLON FL 32630 ROLLON FL 326300 ROLLON FL 32	GHWAY 40 17755 WEST HIGHWAY 40 P.O. BOX 780 DUNNELLON FL 32630 ace of Business 2a. Mailing Address 25 #, etc. 25 City & State 28 Country 25 9. Name and Address of Current Registered Agent ROLL, TERESA P. 5 WEST HWY 40 NELLON FL 32630 83 84 City to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named congistered agent, or both, in the State of Florida. Such change was authorized by the corpora m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. PTD OFFICERS AND DIRECTORS PTD CARROLL, KENNETH RAY 7629 SW 188TH AVE. DUNNELLON FL US CARROLL, TERESA P. 7629 SW 188TH AVE. DUNNELLON FL DELETE 1.1 TITLE 1.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 1.3 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 1.4 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.1	GHWAY 40 17755 WEST HIGHWAY 40 P.O. BOX 780 DO NOT WRITE IN TH 3. Date Incorporated or Qualified O4/04/1988 ace of Business 2a. Mailing Address 2b. Mailing Address 2c. City & State 2c. City & State 2c. City & State 2c. Country 3c. This corporation was the current year Personal Property Tax. POLL, TERESA P. 5 WEST HWY-40 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City F 10 the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the aboven-named corporation subth milits this statement for the purpose and statement with, and accept the obligations of, Section 607.0505, Florida Statutes, the aboven-named corporation's board milits this statement for the purpose and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 10 the provisions of Sactions 607.0502 and 607.505, Florida Statutes, the aboven-named corporation subth milits this statement for the purpose and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 10 the provisions of Sactions 607.0502 and 607.505, Florida Statutes. 11 Time 12 NAME 12 NAME 12 NAME 13 STREET ADORESS 13 ADDITIONS/CHANGES TO OFFICERS 14 ACTIV-ST-2P 15 NAME 14 ACTIV-ST-2P 15 NAME 15 NAME 15 NAME 16 NAME 17 NAME 18 NAME 18 NAME 19 NAME 10 NAME 10 NAME 10 NAME 10 N	GHNAY 40 17755 WEST HIGHWAY 40 P.O. BOX 780 DUNNELLON FL 32630 BLANCH STATE FUNDED FLORE STATE FUNDED FLORE STATE FUNDED FLORE STATE FLORE STATE FUNDED FLORE STATE FUNDED FLORE STATE FLORE STATE FUNDED FLORE STATE FUNDED FLORE STATE FLORE	

CITY-ST-ZIP 14. I 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90009 030 ***150.00

☐ Change

☐ Change

Addition

Addition