FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham .

Secretary of State

DIVISION OF CORPORATIONS

N97000001432 (0) **DOCUMENT**

FILED Mar 02 1998 8:00am Secretary of State

THE CARPENTER'S HOUSE, INC.					
Pi	incipal Place of Business	Mailing Address	•		
	35 RAMONA BLVD. CKSONVILLE FL 32205	5335 RAMONA BLVD. JACKSONVILLE FL 32205		3. Date Incorporated or Qualified 03/14/1997 4. FEI Number	
				4. FEI Number Applied For Not Applicable	
2. 21	Principal Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Required	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	City & State	City & State		7. Is this nonprofit corporation a homeowners association?	
24		29 30	intry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
UCC FILING & SEARCH SERVICES, INC.			81	HOWARD MCINTYRE	
	526 EAST PARK AVE.			Street Address (P.O. Box Number is Not Acceptable) 8039 Cumber and Gap Trail North	
	STE. 200 TALLAHASSEE FL 32302			3	
	A			City Jacksonville FL 85 Zip Code 32244	
11	 Pursuant to the provisions of Sections 617 0502 and 617 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 end accept the obtgetions of Section 617 0503, Florida Statutes. 				
SI	SIGNATURE HOWARD Mc Intyre 2/6/98				

(NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE ☐ Change 1.1 TITLE MCINTRYE, HOWARD L NAME 1.2 NAME 8039 CUMBERLAND CAP TRAIL N. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE HALL, STEVEN R NAME 2.2 NAME 3674 SAN VISCAYA DRIVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32217 2.4 CITY-ST-ZIP **M** DELETE Change TITLE 3.1 TITLE STD Addition . NAME WHITFIELD, JAMES M HOGGATT 3.2 NAME artha , G. ROSE HILL Dr. E 8415 SAN MARTARRO DRIVE W. STREET ADDRESS 3.3 STREET ADDRESS 1373 JACKSONVILLE FL 32205 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

904-781-9655