2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME O

SIGNATURE:

Mar 01, 2007 8:00 am **Secretary of State** DOCUMENT # P00000022697 1. Entity Name 03-01-2007 90014 021 ***150.00 RANDALL CORPORATION Principal Place of Business Mailing Address 821 53 AVE. SO. 821 53 AVE. SO. ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705 2. Principal Discount Sustance Colon Colon Colon 3. 1 Sui 02052007 Chg-P CR2E034 (12/06) 7153 58th Street N. 7153 58th Street N. Pinellas Park, Florida Pinellas Park, Florida Cir 4. FEI Number Applied For 33781 33781 59-3629336 Not Applicable Zi \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARR, RANDALL B Carr, Randall B. Street Address (P 821 53RD AVE. SOUTH 7153 58th Street N. ST. PETERSBURG, FL 33705 Pinellas Park, Florida 33781 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. DIR Change TITLE ☐ Delete TITLE Addition Carr. Randall B. CARR, RANDALL NAME NAME 7153 58th Street N. 821 53RD AVE. SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG,, FL 33705 CiTY-ST-ZIP Pinellas Park, Florida 33781 TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MASAE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-719 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further control that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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