

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P29517

(0)

1. Corporation Name

CAROLINA SUNBELT SERVICES, INC.

Principal Place of Business

PO-BOX 24917
COLUMBIA SC 29224

Mailing Address

PO-BOX 24917
COLUMBIA SC 29224

APPROVED
AND
FILED

95 MAR 21 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/25/1990

3a. Date of Last Report

02/10/1994

4. FEI Number

57-0689601

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

2. Principal Place of Business

21 P.O. Box 956308

2a. Mailing Address

26 P.O. Box 956308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DULUTH, GA

City & State

28 DULUTH, GA

Zip

Country

24 30136

Zip

Country

29 30136

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHINDER, BERNARD J.
KOCH, ZELKO, ET. AL.
4700 SHERIDAN ST, BLDG N
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when nonattesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MARKS, JOEL S.
STREET ADDRESS	6185 EASTSHORE RD.
CITY-ST-ZIP	COLUMBIA SC
TITLE	VSD
NAME	STAHL, MILTON A.
STREET ADDRESS	309 PARKLAND RD.
CITY-ST-ZIP	COLUMBIA SC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	105 VILAMOURA WAY
1.4 CITY-ST-ZIP	DULUTH, GA 30136
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	5810 HERSHOWER CIRCLE
2.4 CITY-ST-ZIP	DULUTH, GA 30136
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

14. I 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)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOEL MARKS JOEL MARKS

3-14-95

404-495-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year/Phone #