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 REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P38190** **(5)**

1. Corporation Name
CARHOL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1796 BRUNSWICK GA 31521-1796	P.O. BOX 1796 BRUNSWICK GA 31521-1796

3. Date Incorporated or Qualified: **04/06/1992**
3a. Date of Last Report: **12/18/1995**

2. Principal Place of Business
21:
22: Suite, Apt #, etc:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26:
27: Suite, Apt #, etc:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: **58-1902978** ☐ 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

9. Name and Address of Current Registered Agent

MCGARRY, JERICO
618 ORANGE AVE
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLLINGTON, JOHR R., JR.		1.2 NAME	
STREET ADDRESS	3101 WILDWOOD DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRUNSWICK GA		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARMICHAEL, H. ELDEN		2.2 NAME	
STREET ADDRESS	111 TOLOMATO TRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. SIMONS ISLND GA		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARMICHAEL, PATRICIA		3.2 NAME	
STREET ADDRESS	111 TOLOMATO TRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. SIMONS ISLND GA		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLLINGTON, FAYE D		4.2 NAME	
STREET ADDRESS	3101 WILDWOOD DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	BRUNSWICK GA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do 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)(k), 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.

SIGNATURE: Patricia H Carmichael 6/28/96 90-638-4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia H. Carmichael