

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

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Mar 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P93000000332 (5)**

1. Corporation Name  
**CARTER CONSTRUCTION & REMODELING, INC.**



Principal Place of Business Mailing Address  
**6210 44TH STREET N  
UNIT 18  
PINELLAS PARK FL 34865**  
**6210 44TH STREET N  
UNIT 18  
PINELLAS PARK FL 33781-5941**

3. Date Incorporated or Qualified **01/04/1993** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3160363</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	25. Country	29. Country	

9. Name and Address of Current Registered Agent

**ANDERSON, LEE V  
6210 44TH STREET N  
UNIT 18  
PINELLAS PARK FL 34865**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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

To provide type or print name of registered agent and for applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, FRED C</b>	1.2 NAME	
STREET ADDRESS	<b>2710 PINELLAS PT DR SO</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ST. PETERSBURG FL 33712</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, ALWILDA E</b>	2.2 NAME	
STREET ADDRESS	<b>2710 PINELLAS PT DR SO</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ST. PETERSBURG FL 33712</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, LEE V</b>	3.2 NAME	
STREET ADDRESS	<b>8514 HOLLYHOCK AVENUE</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>LARGO FL 34647</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, ANNE W</b>	4.2 NAME	
STREET ADDRESS	<b>8514 HOLLYHOCK AVENUE</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>LARGO FL 34647</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I do 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 Book 12 or Book 13 of the original or on an attachment with an address.

SIGNATURE

*Lee V. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lee V. Anderson, Pres. 3/14/97**

**(813) 544-0119**

Date

Daytime Phone #

0384076

CR2E034 (9/96)