

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90028 041 \*\*\*150.00

DOCUMENT # P93000030641

1. Corporation Name  
CARTSMART, INC.

Principal Place of Business  
715 WESLEY DR  
TARPON SPRINGS FL 34688  
US

Mailing Address  
PO BOX 731  
TARPON SPRINGS FL 34688



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1993

4. FEI Number

59-3224738

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6628 US 19

Suite, Apt. #, etc.

2a. Mailing Address

26 6628 US 19

Suite, Apt. #, etc.

City & State

23 NEW PORT RICHEY FL

City & State

28 NEW PORT RICHEY, FL

Zip

24 34652

Country

Zip

29 34652

Country

30

9. Name and Address of Current Registered Agent

GRAY, ROBERT C  
3623 WOODRIDGE PLACE  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

GRAY ROBERT C

82 Street Address (P.O. Box Number is Not Acceptable)

205 KATHERINE BLVD #1102

83

84 City

PALM HARBOR

FL

85 Zip Code  
34684

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 reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GRAY, ROBERT C  
STREET ADDRESS 3623 WOODRIDGE PL  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME GRAY, ROBERT C  
13 STREET ADDRESS 205 KATHERINE BLVD #1102  
14 CITY-ST-ZIP PALM HARBOR, FL 34684

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

727 786 6279

CR2E034 (11/98)

0503787