

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

DOCUMENT # P93000057427

1. Corporation Name

CARVER INVESTMENTS, INC.

Principal Place of Business

**1439 BAYTOWNE AVE.
DESTIN FL 32541
US**

Mailing Address

**C/O RAYMOND F. NEWMAN, JR.
~~150 EGLIN PKWY NE~~
FT WALTON BEACH FL 32548**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **348 MIRACLE STRP PKWY**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

Zip

Country

24

25

29 **32548**

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/11/1993

4. FEI Number

59-3199019

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

10. Name and Address of New Registered Agent

NEWMAN, RAYMOND F JR

~~150 EGLIN PARKWAY, N.E.~~

~~FORT WALTON BEACH FL 32548~~

81 Name

348 MIRACLE STRP PARKWAY

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

83 Suite, Apt. #, etc.

84 City

Fort Walton Beach

FL

85 Zip Code

32548

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

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
CARVER, SCOTT Q
STREET ADDRESS **88 SARALAND LOOP ROAD**
CITY-ST-ZIP **SARALAND AL**

TITLE ☐ DELETE

NAME **VP**
WALDROP, THOMAS
STREET ADDRESS **402 BAY OAKS**
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE

NAME **ST**
CARVER, SCOTT Q.
STREET ADDRESS **88 SARALAND LOOP ROAD**
CITY-ST-ZIP **SARALAND AL**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

850-837-1900
Daytime Phone #

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90114 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)