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Jun 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000058768

1. Corporation Name
CARTER Mills Associates, P.A.

Principal Place of Business
2075 MAIN ST. Suite 5
SARASOTA, FL. 34237

2. Principal Place of Business
21 7750 So. TAMiami TRAIL
Suite, Apt. #, etc.
22 Suite A

City & State
23 SARASOTA, FL
Zip
24 34231 SARASOTA Country
25 34231 SARASOTA Country

9. Name and Address of Current Registered Agent
DONALD LEE CARTER
3001 NARANJA WAY
SARASOTA, FL.

SARASOTA, FL.

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 Statute.

SIGNATURE JOSEPH C. MILLS

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

(NOTE: Registered agent signature required when relinquishing)

DATE 5/8/97

12. OFFICERS AND DIRECTORS

TITLE
NAME DONALD LEE CARTER
STREET ADDRESS 3001 NARANJA WAY
CITY-ST-ZIP SARASOTA, FL.

TITLE
NAME Vice President, Secretary

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date of Incorporation or Qualification 8/23/93

4. F.E.B. Number Applied For
165-0432414 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

10. Name and Address of New Registered Agent

81 Name JOSEPH C. MILLS

82 Street Address (P.O. Box Number is Not Acceptable) 5013 80th. AVE. Circle E.

83 SARASOTA, FL

84 City FL 85 Zip Code 34243

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JOSEPH C. MILLS ☒ Change ☐ Addition

1.2 NAME 5013 80th. AVE Circle E.

1.3 STREET ADDRESS SARASOTA, FL

1.4 CITY-ST-ZIP 34243

2.1 TITLE President & Treasurer ☐ 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

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