

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 23 PM 1:28

DOCUMENT # P93000065093 (5)

1. Corporation Name

CARLETON HOUSE, INC.

Principal Place of Business

1701 SOUTH 50TH STREET
TAMPA FL 33619

Mailing Address

1701 SOUTH 50TH STREET
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/17/1993

3a. Date of Last Report

07/26/1994

4. FEI Number

59-3201490

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**POWERS, JILL FISHER
2855 MCCORMICK DRIVE
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name

JILL FISHER POWERS

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

877 EXECUTIVE CENTER DRIVE W.

83

SUITE 303

84 City

TAMPA

FL

85 Zip Code
33702

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 transferring!

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CARTER, E C
1701 SOUTH 50TH STREET
TAMPA FL 33619**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
DOYLE, DANIEL M JR
14 AMBLESIDE DR.
BELLEAIR FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MCCAFFORY, JOHN C
1222 BROOKHAVEN PARK PLACE
ATLANTA GA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

Change Addition

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

Change Addition

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

Change Addition

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

Change Addition

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

Change Addition

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

Change Addition

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 a 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:

E. Carlton Carter
E. CARLTON CARTER, PRESIDENT

4/15/95 (05) 248-3974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR