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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:50

DOCUMENT # **P93000072671 (9)**

1. Corporation Name

CARL, ELLIOTT, CHRIS & HAROLD, INC.

Principal Place of Business	Mailing Address
FLORIDA PACKING HIGHWAY 17 SOUTH EAST PALATKA FL 32131	9460 THURLOE PLACE ORLANDO FL 32827

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 106 E College Ave
22 Suite, Apt. #, etc.: Suite 900
23 City & State: Tallahassee FL
24 Zip: 32301 Country: 25 US

2a. Mailing Address
26: PO Box 10929
27 Suite, Apt. #, etc.:
28 City & State: Tallahassee FL
29 Zip: 32302 Country: 30 US

4. FEI Number: 59-3206188 ☐ 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

9. Name and Address of Current Registered Agent

MOTES, CARL D
~~TWO S ORANGE AVE~~
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Motes, Carl D.
82 Street Address (P.O. Box Number is Not Acceptable): 106 East College Ave
83: Suite 900
84 City: Tallahassee FL 85 Zip Code: 32301

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: Carl D. Motes Carl Motes, Pres/Sec. DATE: March 27, 1995
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE		☐ Change ☐ Addition
NAME	MOTES, CARL D	12 NAME		
STREET ADDRESS	9460 THURLOE PLACE	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32827	14 CITY ST ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	KANE, C. ELLIOTT	22 NAME		
STREET ADDRESS	HIGHWAY 17 SOUTH	23 STREET ADDRESS		
CITY ST ZIP	EAST PALATKA FL 32131	24 CITY ST ZIP		
TITLE	VT	31 TITLE		☐ Change ☐ Addition
NAME	SCHNEIKERT, HAROLD W	32 NAME		
STREET ADDRESS	724 GREENHILL AVE.	33 STREET ADDRESS		
CITY ST ZIP	WILMINGTON DE 19805-2854	34 CITY ST ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	DEVERELL, CHRISTOPHER J	42 NAME		
STREET ADDRESS	1900 OREGON	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32801	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: Carl D. Motes Carl D Motes 3/27/95 904 224 1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #