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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

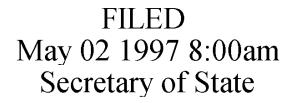
Sandra B. Mortham...

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400004176 (1)

CARLETON & SONS, INC.



Principal Place P.O. BOX 282 MURDOCK FL 3:	Mailing Address P.O. BOX 282 MURDOCK FL 33938									
						3. Date Incorporated or Qualified 01/19/1994		ate of Last Ri 01/1996	eport	7
	lace of Business	2a. Mailing Address				4. FEI Number 65-0472250 Applied Fo Not Applie 5. Certificate of Status Desired S8.75 Addition Fee Required]
21	4	26	Suite, Apt. #, etc.						t Applicable	-
Suite, Apl.	₩, U[G.	<u> </u>	27							
City & State	J	City & State				6. Election Campaign Financing				
23		28	district and the second se			Trust Fund Contribution				
Z(p)	Country	Zip	├ , '			8. This corporation has liability for intangible tax under s. 199.032.				
24	25 9. Name and Address of Currel	29	30			Florida Statutes L 10. Name and Address of New Re	Yes			-
CADI	ETON, BRUCE	ir riegistoreu Agent		81 Name		IV. Italie and Address Of New Ne	Aisraing	MAGIII.		$\frac{1}{2}$
	EL JOBEAN RD.		ļ.,							_
PORT CHARLOTTE FL 33948				32 Street	Addres	Address (P.O. Box Number is Not Acceptable)				
)			į.	B3						1
			ļ.,	B4 City				les Zin I	Code	4
			İ				FL	• '		
11. Pursuarit t office or re agent. Lar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, F	utes, the ab authorized lorida Statu	ove-named by the cor ites.	i corpo poratio	ration submits this statement for the policy n's board of directors. I hereby acce	ourpose o	f changing it pointment as	s registered registered	
SIGNATURE				···					······································	
12.	Signature, lyped or perfeo name of registered ag	ent and trite if applicable. (NO ID DIRECTORS	DTE Repistered	Agent signatur	e required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDC AND	O DIDECTOR	20 IN 12	-
THEE	D	DELETE	1.1 711	F	T75			Change	Addition	90/0/
NAME	CARLETON, BRUCE	1	1.2 NA		1 Ca	PLETON, BENCE DEX 380282 TUMOUL FL. 3393		, ·		1
STREEL ADDRESS	P.O. BOX 380280	/ ^	1.3 STF	EET ADDRESS	Po	Box 380282	N/	Ą		3
Crty - S1 - ZIP	MURDOCK FL \sim /	/ /	1.4 CIT	Y-ST-ZIP	1 1	TURDOCK Fr. 3393	30 °			្សត្តិ
TITLE		☐ DELETE	2.1 TH	.E				Change	Addition	
NAME:			2.2 NA	ME						
STREET ADDRESS			2.3 \$17	EET ADDRESS						
CiTY: S1:7.9				Y-ST-ZIP	<u> </u>					_
THE		DELETE	3 1 7171					Change	Addition	
NAME ASSESSED			3.2 NA		1					}
STREET ADDRESS				EET ADDRESS						
DITY-S1-769 TITLE		DELETE	3.4. UT	Y-ST-ZIP F	+			Change	Addition	-
NAMÉ		۵۰۰۰۰۰۰ نے	4, 2 NA)				ment	
STREET ADDRESS				EET ADDRESS						
CITY - ST - ZIP			1	Y-ST-ZIP	1					ĺ
TITLE		DELETE	5 1 TIT		1			Change	Addition	
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THE		☐ DELETE	6.1 TIT	Æ				Change	Addition	1
NAME:			6.2 NAI	ME						
STREET ADDRESS				eet address	-					
C01y - S1 - 24			64 CH	Y - ST - ZIP	1					4

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 parapachment with an address.

SIGNATURE:

STONATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/25/97

743-3737

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