

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000009474 (5)

1. Corporation Name

CARRIAGE HOUSE ENTERPRISES, INC.

FILED SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 95 AUG 29 PM 12:24 PM 12:24

Principal Place of Business

5727 20TH STREET
VERO BEACH FL 32966

Mailing Address

5727 20TH STREET
VERO BEACH FL 32966

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

2. Principal Place of Business

21 8406 Lakeland BV

2a. Mailing Address

28 8406 Lakeland BV

4. FEI Number

65-0465748

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

Fort Pierce FL

26 City & State

Fort Pierce FL

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

34951

25 Country

St. Lucie

29 Zip

34951

30 Country

St. Lucie

7. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCHUGH, JOHN J JR
333 17TH STREET
SUITE U
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Deborah M. Underwood

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 D
NAME UNDERWOOD, DEBORAH M
STREET ADDRESS 8406 LAKELAND BLVD
CITY - ST - ZIP FT PIERCE FL 34951

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 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:

Deborah M. Underwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-1-95 (407) 465-8995

Online Phone #