

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000015918 (3)

1. Corporation Name

CARPENTER INSURANCE AGENCY, INC.

Principal Place of Business

3908 N. MONROE STREET  
TALLAHASSEE FL 32303

Mailing Address

P.O. BOX 38508  
TALLAHASSEE FL 32315

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

CARPENTER, GERALD D  
3028 GILES PLACE  
TALLAHASSEE FL 32308

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 607.1506, 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE [ ] DELETE

1.2 NAME CARPENTER, GERALD D

1.3 STREET ADDRESS 3028 GILES PLACE

1.4 CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE [ ] DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [ ] DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [ ] DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [ ] DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [ ] DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

800002647198--9

-09/23/98--01065--004

\*\*\*\*\*158.75 \*\*\*\*\*158.75

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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14. I 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

9-22-98 (850) 9448 511-1525

APPROVED  
AND  
FILED

1998 SEP 22 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1994

4. FEI Number

59-3227466

Applied for  
Not Applicable

5. Certificate of Status Desired

[ ]

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

[ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. [ ] Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (5/98)

2



**CARPENTER INSURANCE AGENCY, INC.**

**3968 N. MONROE STREET**

**P.O. BOX 38508**

**TALLAHASSEE, FLORIDA 32315**

**850-562-6525**

September 4, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500  
**ATTN: Sammy Caldwell**

Dear Mr. Caldwell:

In follow-up of our conversation today, I am forwarding the completed annual report, check in the amount of \$158.75, and this letter informing you that I **did not** receive a first notice. This **is** my first and only notice received. Please remove the *late fee*, per my written request and process my report as submitted. Your assistance has been greatly appreciated.

So that this situation should not occur in the future, what steps may I take? At what point should I contact your office if no notice is received next year? I will look forward to your response. Thanks again!

Respectfully,

A handwritten signature in cursive script, appearing to read "Gerald D. Carpenter".

**Gerald D. Carpenter, LUTCF**  
**Agency Principal**