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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000019000 (6)

1. Corporation	MENT # P940 CARRYER, INC.	00019000 (6	5)		I HARIHARI NGA KANIF BIRNI ARAM AR	111 88 11 88 18 18 00 18 11	il 18 111 36 111 38 11 18 11 18 11
Principal Place	of Business	Mailing Address					
Principal Place of Business, RT, 1, BOX 2340		RT. 1. BOX 2340	·				
BRONSON FL 32621		BRONSON FL 32621					
					3. Date incorporated or Qualified	3a. Date of La	ist Report
					03/10/1994	01/31/	/1995
	ace of Business	2a. Mailing Address			4. FE! Number		Applied For
21 : Suite, Apt. #. etc.		Suite, Apt. #, etc.			59-3233603		Not Applicable 75 Additional
22		27	The same of the sa		5. Certificate of Status Desired		Fee Required
City & State)	City & State			6. Election Campaign Financing	\$ <u>\$</u>	5.00 May Be
23] Zip	Country	28	Cour	In:	Trust Fund Contribution	A	dded to Fees
24	25	29	30	.,	8. This corporation has liability for Florida Statutes		ar 8 199.032,
	g. Name and Address of Curr	rent Registered Agent			10. Name and Address of New	Registered Agent	1
				Name C	arl Carryer		
	AN, DAVID		Ţ		ress (P.O. Box Number is Not Accepta		
	st park ave. ND FL 32626		h	33 K 1	1 Day 234	<u>o</u>	· · · · · · · · · · · · · · · · · · ·
OTHER E	NO 1 E 32020			-	· · · · · · · · · · · · · · · · · · ·		.
)			[4	H CityBr	onson ration submits this statement for the pu		Zip Code 3262.
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	e named corpo	ration submits this statement for the pu		lan in a land and a first
familiar wit	h, and accept the obligations if, So	onda / Such change was authorize action 607.0505, Florida Statutes	eo by the co	orporation's boa	ration sournis this statement for the purific of directors. Thereby accept the app	continent as registe	eregragent. I am
SIGNATURI _	1 al CC	in per	3400	11	The same area and a	2/8/	96
12.	OFFICERS A	yent and the Lappilicable (NO AND DIRECTORS	13.	gent Bignature require	d when reinstating. ADDITIONS/CHANGES TO OFI	FICERS AND DIREC	CTORS IN 12
THEF	DP	☐ DELETE	1. 1 7(7	.E		☐ Char	
NAME	CARRYER, CARL E		1 2 NAM	15			
STREET ADDRESS	RT. 1, BOX 2340		1.3 STR	EET ADDRESS			
CHY-SI-ZIP TRUE	BRONSON FL 32621 DST	DELETE		-ST-ZIP			D Madeina
NAME	CARRYER, TRACIE L	Deter	2 1 TIT 2 2 NAA	1		☐ Char	nge 🗌 Addition
STREET ADDRESS	RT. 1, BOX 2340			EET ADDRESS			
CITY - ST = ZIP	BRONSON FL 32621		2 4 CiT	'-S1-ZIP			
Talet		□ DELETE	3 1717	.E		Char	nge 🔲 Addition
NAME			3 2 NAN		•		
STREET ADDRESS OUTY-ST-7/P				EET ADDRESS '- ST-ZIP			
TIFLE		☐ DELETE	4. 1 1/1			☐ Char	nge 🔲 Addition
NAME			4 2 NAN	1E	THE STREET		<u> </u>
STREET ADDRESS			4 3 STR	EET ADDRESS	3000017 -03/15/9601	44 616 63 882012	i
CHY ST ZP		Fin britis		- ST-ZIP	***200.00		
T TEF		☐ DELETE	5 1 TITI 52 NAM			☐ Char	nge 🔲 Addition
NAME STREET ADDRESS				EET ADDRESS			
C-1Y-SI-ZP			. I	- ST - ZIP			
THUE	The state of the s	DELETE	6 1 1 11			☐ Chan	nge Addition
NAME			62 NAN	IF.			
STREET ADDRESS				ET ADDRESS			
- 0:17:51:7/8 - 14. Lato hereby	certify that the information supplie	d with this filing is voluntarily furni		-ST-ZIP besinot qualify f	or the exemption stated in Section 119).07(3)(k), Fiorida St	tatutes. I further
certify that oath_that I	the information indicated on this ar I am an officer or director of the cor	nnual report or supplemental annu- poration of the receiver or trustee	al report is ernpowere	true and accura	ite and that my signature shall have the is report as required by Chapter 607, F	e same legal effect i	as if made under
appears in	Block 12 or Block 13 iffchanged, o	or or an attachment with an addr	ess.	0	, ,	/	
SIGNAT	ure and > (duyer (40	LE	(ALLYE)	2 1/15/51	(352/181	- 4818
JOHN		OR PRINTED NAME OF SIGNING OFFICE	OR DIRECTO	= :	Daly	Daytinie Pr	none #