

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # P94000059250 (8)

1. Corporation Name

CARAKER ENTERPRISE, INC.



Principal Place of Business

110N. FLORIDA AVE.
#2
BARTOW FL 33830
US

Mailing Address

110 N. FLORIDA AVE.
#2
BARTOW FL 33830
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1994

4. FEI Number

59-3265376

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6230 CEE LANE

Suite, Apt. #, etc.

22 City & State
LAKELAND, FL

23 Zip 33813 Country USA

2a. Mailing Address

26 6230 CEE LANE

Suite, Apt. #, etc.

27 City & State
LAKELAND, FL

28 Zip 33813 Country USA

9. Name and Address of Current Registered Agent

CARAKER, CHARLES F
1425 N BROADWAY
#2
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name (CARAKER, CHARLES F) SAME AGENT
82 Street Address (P.O. Box Number is Not Acceptable) 6230 CEE LANE NEW ADDRESS
83
84 City LAKELAND FL 85 Zip Code 33813

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

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 P
NAME CARAKER, CHARLES F
STREET ADDRESS 6230 CEE LN
CITY-ST-ZIP LAKELAND FL

TITLE V
NAME CARAKER, GAYLE S
STREET ADDRESS 6230 CEE LN
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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 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 as an attachment with my signature.

SIGNATURE:

GAYLE S. CARAKER
SIGNED: Gayle S. Caraker

1-21-98 94-646-5365

CR2E034 (10/97)