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PROFIT CORPORATION. ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

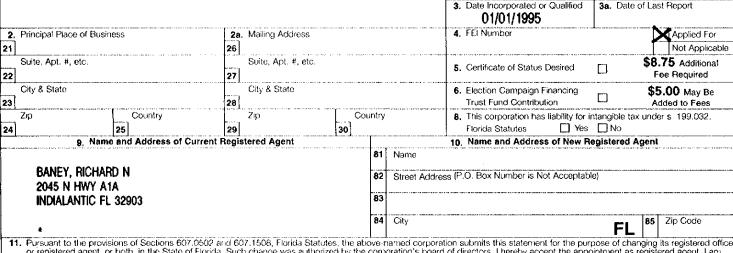
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CAROLINKA, INC.

Principal Place of Busines	Princ	cipal	Place	of	Busines
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Mailing Address

2045 N HWY A1A INDIALANTIC FL 32903 2045 N HWY ATA INDIALANTIC FL 32903



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:	ranature. I vined or printee name of registered anonil and title	of angles able (NOTI	E: Registered Agent signature regulació	3 when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	ď	DELETE	1 1 THLE		Change	Addition	
NAME	BANEY, RICHARD N		1.2 NAME				
STREET ADDRESS	2045 N HWY A1A		1.3 STREET ADDRESS				
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY- ST-ZIP				
TITLE	D	DELETE	2 1 TITLE		Change	Addition	
NAME	BANEY, CAROLYN V		2 2 NAME				
STREET ADDRESS	2045 N HWY A1A		2 3 STREET ADORESS				
CHTY-ST-ZIP	INDIALANTIC FL 32903		2.4 CHY-ST-2IP				
TITLE		DELETE	3. 1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADORESS				
CITY-S1-ZIP			3.4 CHY-S1-ZIP				
TITLE		☐ DELETE	4. 1 Trile		Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		************************************	4.4 C/TY-ST-Z/P				
TITLE		DELETE	5 1 TITLE		Change	Addition	
NAME			5.2 NAME	3000018387	83		
STREET ADDRESS			5 3 STREET ADDRESS	-05/24/96010640	103		
CITY - ST - ZIP			5.4 CITY - ST- 7IP	***200.00			
TITLE		DELETE	6 1 TITLE		Change	Addition	
NAME			6.2 NAME				
SSENDA TERRES			6.3 STREET ADDRESS				

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 119.07(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.

6 4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (12/95)