FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000009853 (9)**

1. Corporation Name

CARMENDALE DEVELOPMENT GROUP I, INC.

Principal Place of Business	Mailing Address
2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713	2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified: **02/06/1995** | 3a. Date of Last Report:

4. FEI Number: **59-3297476** | ☐ 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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

9. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W
415 SOUTH HYDE PARK AVE.
TAMPA FL 33606

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 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	SCHERER, CLARK H III	2 NAME	
STREET ADDRESS	2152 14TH CIRCLE NORTH	3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	4 CITY-ST-ZIP	
TITLE	☐ DELETE	7 TITLE	☐ Change ☐ Addition
NAME		8 NAME	
STREET ADDRESS		9 STREET ADDRESS	
CITY-ST-ZIP		10 CITY-ST-ZIP	
TITLE	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	☐ DELETE	15 TITLE	☐ Change ☐ Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY-ST-ZIP		18 CITY-ST-ZIP	
TITLE	☐ DELETE	19 TITLE	☐ Change ☐ Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-ST-ZIP		22 CITY-ST-ZIP	
TITLE	☐ DELETE	23 TITLE	☐ Change ☐ Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-ST-ZIP		26 CITY-ST-ZIP	

000001771870
-04/08/96--01024--016
***200.00

000001771870
-04/08/96--01024--016
***225.00

14. I do hereby certify that the information supplied with this report is accurate, furnished and 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 added.

SIGNATURE: 3-19-96 813-822-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number

CR2E034 (12/95)