## 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

DOCUMENT # P95000011465 (8)

WILLIAM AND BRENDA CARTER, INC. Principal Place of Business Mailing Address 3835 ERIN BROOK DR. 3835 ERIN BROOK DR. **NEW PORT RICHEY FL 34655** NEW PORT RICHEY FL 34655 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3306308 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CARTER, WILLIAM A 4821 US HWY 19 STE, 2 82 **NEW-PORT-RICHEY-FL-94852** BROOK 83 84 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 tapilitar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE and tille d applicable (NOTL: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE Change \_\_\_ Addition NAME CARTER, WILLIAM A 1.2 NAME 3835 ERIN BROOK DR. STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34655** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CARTER, BRENDA J NAME 2.2 NAME 3835 ERIN BROOK DR. STREET ADDRESS 2.3 STREET ADDRESS **NEW PORT RICHEY FL 34655** CITY-ST-ZIP 2.4 City-St-ZiP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 JULE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 THLE Addition NAME 6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 chapted, or on an attachment with address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

1/22/98

**FILED** 

Feb 04 1998 8:00am

Secretary of State