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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

— DVISIQUOF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000023385 (4)

## CAROUSEL SERVICES INCORPORATED

**FILED** Jun 26 1996 8:00 am Secretary of State

| 2. Principal Place of Business 2. Principal Place of Business 2. Applied For Suite Apt. #, etc. 2. Suite Apt. #, etc. 2. Suite Apt. #, etc. 2. City & State 2. City & State 2. Country 3/23/1995 4. FEI Number 5/9-3374020 Not Applicable 5/9-3374020 Not Applicable 5/9-3374020 Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required 7/9-1/9-1/9-1/9-1/9-1/9-1/9-1/9-1/9-1/9-1   | Principal Place<br>5410 FAULKI<br>TAMPA FL 3 | ENBURG RD.  | 5                 | ling Address<br>110 Faulkenburg R | <u></u>       |                         | 3. Date incorporated or Qua  | ried 3a Pate         |              | Report         |
|---|--|---|-------------------|-----------------------------------|---------------|-------------------------|--|----------------------|--------------|----------------|
| 2.   Migring Address    |  |   |                   |                                   |               |                         | ·  | ыео <b>јза.</b> Date | FOI LAST H   | Phon           |
| Since Aquit P, etc.    27   | 2. Principal P                               | Place of Business                                 | 2a.               | Majing Address                    | ·             | <b>D</b>                |  | ./. <del>-</del> -   | -TT          | Applied For    |
| The proposed of the processor of Sections 607 (CGS) and     | 21   |   | 26                | 6114 2                            | ELM A         | V D                     | 59-337   | 4020                 |              |                |
| City A State    29  |  | , #, etc.   |                   | Suite Apt. #, etc                 |               |                         | 5. Certificate of Status Desire  | ed 📋                 |              |                |
| Table   Tabl    | 22   | 1   | 27                | Cat. 6 Cada                       |               |                         |  | <del></del>          |              |                |
| Zip   Country   74   35   49   30   51   51   52   53   53   54   53   53   54   53   54   54   |  | te  | 28                | Lutz                              | Ha            |                         |  | ing                  |              |                |
| RINGLEY, WILLIAM M S410 FAULKENBURG RD. TAMPA FL 33610  80  |  | Country   | -                 | 7 <u>12</u> ( -                   | Cour          | W1/1                    |  | ty for intangible ta | ax under s   | 199.032,       |
| BRINGLEY, WILLIAM M 5410 FAULKENBURG RD. TAMPA FL 33810  82 Street Address IP O. Box Number is Not Acceptable]  13. Pursuant to the provisions of Sections 607 0502 and 607 1506 librids Statutes, the above network dispersion submits this statument for the purpose of Changing its respited of form or registered agent, or both, in the State of Forces Soci changes was a drive and provided in Submits the statument for the purpose of Changing its respited of form or registered agent, or both, in the State of Forces Soci changes was a drive and provided in Submits the statement for the purpose of Changing its respited of form or registered agent, or both, in the State of Control, 1500 for the Address Social Part of Control Part 1500 for the Address Social P  | 24   | 25  | 29                | 33549                             | 30            | MOH                     |  |                      | <i>,</i>     | <del>,</del>   |
| BINQLEY, WILLIAM M \$410 FAULKENBURG RD.  TAMPA FL 33610  82 Street Authoress IP O Box Number is Not Acceptable)  13. Passant to the processors of Sections 807 (2023 on 607) 1500 Fairst Statutes, the above manied corporation submits this statutes for the purpose of changing its expetitional of the processors of Sections 807 (2023 on 607) 1500 Fairst Statutes, the above manied corporation submits this statutes for the purpose of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the processor of changing its expetitional of the corporation in the changing its expetitional of the corporation in the corporation in the processor of changing its expetitional of the corporation in the changing its expetition in the changing its expetition in the changing its expetition in th |  | <ol> <li>Name and Address of Cur</li> </ol>       | rent Regis        | tered Agent                       |               | 04T N                   | 10. Name and Address of I  | lew Registered       | Agent        |                |
| S410 FAULECHBURG RD.   B83   City   FL   B51   Zip Code   |  |   |                   |                                   |               |                         |  |                      |              |                |
| TAMPA FL 33610  84 City FL ST   |  |   |                   |                                   | Ī             | 82 Street Add           | ress (P.O. Box Number is Not Acc   | ceptable)            |              |                |
| Section   Sections      |  |   |                   |                                   | ŀ             | 83                      |  |                      |              |                |
| 1. Pursuant to the provisions of Sections 807-0502 and 607-1506 filoridal Statutes, the above harmed comporation submits this statement for the purpose of changing as registered officer or registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds Statutes.  I registered agent, or both, in the State of Funds State of F  | IAMPA  | FL 33610  |                   |                                   |               |                         |  |                      |              |                |
| 1. Pressant to the provisions of Sections 607 (2002 and 607 (3006) Florids Statutes, the above hanned oxygoration submits this statement for the purpose of changing at registered of this carries agent, and accept the obligations of, Section 607 (3006) Florids Statutes.   SIGNATURE   |  |   |                   |                                   |               | 84 City                 |  | FL                   | _   85   Z   | ip Code        |
| THE   | SIGNATURE                                    | Styral in typed or protect own on disciplant of a | gent as ditak dis | grintser (TA)                     | NE Facjalerod | Aqual signative respare |  |                      | CUBCOT.      | ODE IN 10      |
| RINGLEY, BILLY M STREELADDRESS 6114 ZELMA RD. 13 STREELADDRESS CITY ST-ZP LUTZ FL 33549  Addition  AMAC LUTZ FL 33549  CITY ST-ZP LUTZ FL 33549  Addition  AMAC LUTZ FL 33549  Addition  AMAC LUTZ FL 33549  Addition  AMAC LUTZ FL 34545  CITY ST-ZP LUTZ FL 33549  Addition  AMAC LUTZ FL 34545  CITY ST-ZP LUTZ FL 33549  Addition  AMAC LUTZ FL 34545  AMAC LU  |  |   | AND DIFFC         |                                   |               | r. t                    | ADDITIONS/CHANGES II   |                      |              |                |
| STREET ADDRESS OTHY ST-ZP UTZ FT 33549  1-3 STREET ADDRESS OTHY ST-ZP UTZ FT 33549  1-4 CITY ST-ZP  Addition  1-5 STREET ADDRESS OTHY ST-ZP  Addition  1-5 STREET ADDRESS OTHY ST-ZP  ADDRESS OTHY ST-ZP  ADDRESS OTH ST-ZP  A  |  | 1 -   |                   |                                   | 1             |                         |  | •                    |              |                |
| CITY-SIT-ZIP  TITE  |  |   |                   |                                   |               |                         |  |                      |              |                |
| THE   |  |   |                   |                                   | 1.4 Ci        | 1Y - \$1 - ZIF          |  |                      |              |                |
| STREET ADDRESS  CITY - ST - ZIP  TUTLE  DELETE  3   |  |   |                   | [] DELETE                         | 2 1 7         | TLE .                   | MAN TARREST TO STATE OF THE STA | 1                    | Change       | Addition       |
| DELETE   DELETE   3 1 hrue   Change   Addrion   | NAMÉ   |   |                   |                                   | 2 2 NA        | ME                      |  |                      |              |                |
| DELETE   3   TIME     Change   Addition   | STREET ADDRESS                               |   |                   |                                   |               | J                       |  |                      |              |                |
| NAME SIREET ADDRESS CITY - ST- ZIP  ITILE DELETE 4 TITLE DELETE 5   |  |   |                   | DELETE                            |               |                         | · · · · · · · · · · · · · · · · · · ·  |                      | Change       | T Addring      |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 4 TYLLE  DELETE 4 TYLLE  Change Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  STREET ADDRESS  CITY-ST-ZIP  DELETE  STREET ADDRESS  CITY-ST-ZIP  DELETE  STREET ADDRESS  CITY-ST-ZIP  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  THLE  STREET ADDRESS  CITY-ST-ZIP  TH  |  |   |                   | L.J beccit                        |               | 1                       |  | '                    | Gridings     |                |
| CITY-SI-ZIP  TITLE  DELETE  4 1 TITLE  ADDRESS  CITY-SI-ZIP  TITLE  DELETE  5 1 TITLE  Change Addition  AME  52 NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  DELETE  5 1 TITLE  Change Addition  AME  52 NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  DELETE  5 1 TITLE  Change Addition  Addition  AME  52 NAME  53 STREET ADDRESS  CITY-SI-ZIP  TITLE  DELETE  64 CITY-SI-ZIP  14. I do hereby certify that the information supplied with this filling is volunt faily furnished and does not qualify for the exemption stated in Section 119 07(3)(A), Florida Statutes i Further certify that the information individed on this 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 offer of the yellor of the recompowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed of an altachment with an additions.  |  |   |                   |                                   |               | i                       |  |                      |              |                |
| NAME  STREET ADDRESS  CITY_ST_ZIP  DELETE  DELETE  5 1 THE  Change Addition  Addition  AME  STREET ADDRESS  CITY_ST_ZIP  THE  DELETE  5 1 THE  5 1 THE  5 2 NAME  STREET ADDRESS  CITY_ST_ZIP  DELETE  6 1 THE  DELETE  6 1 THE  NAME  STREET ADDRESS  CITY_ST_ZIP  14. I do hereby certify that the information supplied with this film is voluntarily lumished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information individed on this annual report of 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 offer 3 of effect of the corporation or the receipt or tristee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if chapged in an attactment with an address.   |  |   |                   |                                   | 3 4 CI        | I∀-SI-ZIP               |  |                      |              |                |
| STREET ADDRESS CITY-ST-ZIP  TILE DELETE 5 1 TITLE 5 2 NAME STREET ADDRESS CITY-ST-ZIP THE DELETE 5 3 STREET ADDRESS CITY-ST-ZIP THE DELETE 5 1 TITLE 5 Addition 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP THE DELETE 6 1 TITLE DELETE 6 1 TITLE DELETE 6 4 CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filling is voluntarily jumished and does not qualify for the exemption stated in Section 119 O7(3)(k), Florida Statutes   Turther certify that the information indicated on this annual report of supplicant rial kinnual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an often of or vector of the corporation or the receiver for trastee enipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on this analytic  | TITLE  |   |                   | DELETE                            | 4 1 7         | IT. E                   |  |                      | Change       | ☐ Addition     |
| CHY-S1-ZIP  THE DELETE 5 1 THE Change Addition  NAME 52 NAME  STREET ADDRESS  CHY-S1-ZIP  THE DELETE 5 1 THE STREET ADDRESS  CHY-S1-ZIP  THE DELETE 5 1 THE Change Addition  NAME  STREET ADDRESS  CHY-S1-ZIP  14 Cly First ADDRESS  CHY-S1-ZIP  15 CHANGE  64 CHY-S1-ZIP  16 CHY-S1-ZIP  17 Change Addition  18 CHANGE  64 CHY-S1-ZIP  18 CHANGE  64 CHY-S1-ZIP  19 CHANGE  64 CHY-S1-ZIP  19 CHANGE  64 CHY-S1-ZIP  10 DELETE STREET ADDRESS  CHY-S1-ZIP  11 Change Addition  12 CHANGE  64 CHY-S1-ZIP  13 CHANGE  64 CHY-S1-ZIP  14 CHANGE  65 STREET ADDRESS  CHY-S1-ZIP  16 CHANGE  67 STREET ADDRESS  CHY-S1-ZIP  18 CHANGE  68 STREET ADDRESS  CHY-S1-ZIP  19 CHANGE  69 STREET ADDRESS  CHY-S1-ZIP  19 CHANGE  60 STREET ADDRESS  CHY-S1-ZIP  10 CHANGE  61 CHANGE  61 CHY-S1-ZIP  61 CHANGE  62 NAME  62 NAME  63 STREET ADDRESS  CHY-S1-ZIP  64 CHY-S1-ZIP  64 CHY-S1-ZIP  65 CHY-S1-ZIP  65 CHANGE  66 CHY-S1-ZIP  66 CHY-S1-ZIP  67 CHANGE  67 STREET ADDRESS  CHY-S1-ZIP  68 CHY-S1-ZIP  69 CHANGE  69 CHANGE  60 STREET ADDRESS  CHY-S1-ZIP  60 CHANGE  60 STREET ADDRESS  CHY-S1-ZIP  61 CHANGE  61 CHANGE  62 NAME  62 NAME  63 STREET ADDRESS  CHY-S1-ZIP  64 CHY-S1-ZIP  65 CHANGE  66 CHY-S1-ZIP  67 CHANGE  67 CHANGE  67 CHANGE  68 CHANGE  69 CHANGE  69 CHANGE  60 CHANGE  61 CHANGE  61 CHANGE  61 CHANGE  62 NAME  63 STREET ADDRESS  64 CHY-S1-ZIP  64 CHY-S1-ZIP  65 CHANGE  65 CHANGE  66 CHANGE  67 CHANGE  67 CHANGE  67 CHANGE  68 CHANGE  69 CHANGE  69 CHANGE  69 CHANGE  60 CHANGE  60 CHANGE  60 CHANGE  60 CHANGE  60 CHANGE  61 CHANGE  6  |  |   |                   |                                   |               |                         |  |                      |              |                |
| THE DELETE 5 1 TILE Change Addition  NAME  52 NAME  51 NAME  51 NAME  52 NAME  54 CITY ST-ZIP  THE DELETE 5 1 TILE Change Addition  64 CITY ST-ZIP  64 CITY ST-ZIP  14. I do hereby certify that the information supplied with this filtrif is voluntarily jumished and does not qualify for the exemption stated in Section 119 O/(3)(k), Florida Statutes   Turther certify that the information indigated on this annual report of supplemental Annual report of supp  |  | S   |                   |                                   |               |                         |  |                      |              |                |
| STREET ADDRESS CITY-ST-ZIP THE DECETE 54 CITY ST-ZIP  THE DECETE 6 TITLE 6 TITLE Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  14. If do hereby certify that the information supplied with this filling is voluntarily jurnished and does not qualify for the exemption stated in Section 119 O7(3)(k), Florida Statutes   Turther certify that the information indicated on this annual report of 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 often of sufficient or the receiver or trasted enipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed to gli an attachment with an address.  |  |   |                   | [T] DELETE                        |               |                         |  |                      | Change       | Addition       |
| STREET ADDRESS CITY_ST-ZIP  54 CITY_ST-ZIP  54 CITY_ST-ZIP  54 CITY_ST-ZIP  54 CITY_ST-ZIP  65 NAME  65 NAME  67 STREET ADDRESS CITY_ST-ZIP  64 CITY_ST-ZIP  65 STREET ADDRESS CITY_STREET ADDRESS CITY_STREET ADDRESS CITY_STREET ADDRESS CITY_STREET ADDRESS CITY_STREET ADDRESS C  |  |   |                   | Local Control                     |               |                         |  |                      | _ '          | -              |
| NAME  STREET ADDRESS  CITY-S1-ZIP  14. To be reby certify that the information supplied with this filling is voluntifully jurnished 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 of supplicating the horizontal property is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an office of effect of the corporation or the receiptor 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 changedite if an attachment with any address.  |  | s   |                   |                                   |               | !                       |  |                      |              |                |
| NAME  STREET ADDRESS  CITY-ST-ZIP  1. I do hereby certify that the information supplied with this filing is voluntarily jurnished and does not qualify for the exemption stated in Section 119-07(3)(k), Florida Statutes   Further certify that the information indicated on this annual report of 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 office of sector of the corporation or the receipter 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 changedite it in an address.  | CITY-ST-ZIP                                  | -ALI II JINNAL I IV                               |                   | ·                                 |               |                         |  |                      |              |                |
| STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4. I do hereby certify that the information supplied with this film is vountfully lumished 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 of 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 offer on section of the corporation or the receiper 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 to give an attachment with any address.   |  |   |                   | ☐ DELETE                          |               |                         |  |                      | Change       | ☐ Addition     |
| CITY-S1-ZIP  64 CITY-S1-ZIP  64 CITY-S1-ZIP  WOOD  14. I do hereby certify that the information supplied with this filtrif is voluntally jurnished 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 of supplied intak 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 office of sector of the corporation or the receiper or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed to 41 an attachment with any address.  | !  |   |                   |                                   |               |                         |  |                      | 1 #          | _              |
| 14. I do hereby certify that the information supplied with this filling is voluntarily jurnished 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 of 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 offer of sylector 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 of Block 13 if changed of the annual remainder of the corporation of the corporation of the corporation or the receiver of the corporation of this corporation of the corporati  |  | >   |                   | _                                 |               |                         | Ky Y   | 1 DAZO               | P# ,         | 225            |
| certify that the information indicated on this annual report of 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 offer of the corporation or the receiperfor trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed to gli an attachment with an address.   | <b>14</b> , I do her                         |   | ed with this      | film is voluntarily fur           | nished and    | does not qualify        | for the exemption stated in Section  | in 119.07(3)(k), FI  | orida Stati  | utes I further |
| appears in Block 12/o/Block 13 if changed of an attachment with any address.  | certify th                                   | at the information inclidated on this:            | aona al rence     | d of supplemental and             | hual report i | s true and accur        | ate and that my sonature shall be  | ve the same lega     | il effect as | of made under  |
| SIGNATURE: SIGNATURE AND TYPEO OR PRINTED THATE OF SIGNATURE OF LOCATION OF LICE OR DIRECTOR  |  | s in Block 12 of Block 13 if changed              | A an at           | tachment vitt arvadd              | iress. 🔔      |                         | , —  | 11 -                 |              |                |
| SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR  | SIGNA  | TURE: TOWN  | 11                | 1 milles                          | 1             | DILL                    | M. KINGLEN S   | 12/96 81             | 3-6          | 26-082         |
|   | SIGNA  | SIGNATURE AND TYPE                                | O OR PRINTE       | NAME OF SIGNING OF IC             | ER OR DIREC   | TOR                     | 7  | 17 5                 | Daytme Phon  | 1/2/10         |