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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000023385 (4)
1. Corporation Name
CAROUSEL SERVICES INCORPORATED



Principal Place of Business
6410 FAULKENBURG RD.
TAMPA FL 33610

Mailing Address
6114 ZELMA RD
LUTZ FL 33549-4867

3. Date Incorporated or Qualified 03/23/1995
3a. Date of Last Report 06/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FCI Number	Applied For
21 Suite, Apt. #, etc.	26 7703 PINEVIEW DR	59-3374020	Not Applicable
22 City & State	27 ODESSA FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 33556	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

RINGLEY, WILLIAM M
6410 FAULKENBURG RD.
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name	RINGLEY, WILLIAM M
82 Street Address (P.O. Box Number is Not Acceptable)	7703 PINEVIEW DR
83	
84 City	ODESSA
85 State	FL
86 Zip Code	33556

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 *William M Ringley* (NOTE: Registered Agent signature required when reinstating) DATE 4/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RINGLEY, BILLY M	1.2 NAME	RINGLEY Billy M
STREET ADDRESS	6114 ZELMA RD.	1.3 STREET ADDRESS	7703 PINEVIEW DR
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	ODESSA FL 33556
TITLE		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 an attachment with an address.

SIGNATURE *Billy M Ringley* BILLY M RINGLEY 4-25-97 813-626-0820

CR2E034 (9/96)