

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000029169**
1. Corporation Name
MARC L. CARTER, PLD PA

Principal Place of Business Mailing Address
15422 Plantation Oaks Dr, #7
Tampa FL 33647

3. Date Incorporated or Qualified 4/10/95	3a. Date of Last Report 2/26
4. FEI Number 59-3317404	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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
Marc Carter
15422 Plantation Oaks Dr #7
Tampa FL 33647

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 *[Signature]* **President** DATE **4/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ DELETE	1.1 TITLE P Marc L. Carter ☒ Change ☐ Addition
1.2 NAME	1.2 NAME 15422 Plantation Oaks Dr #7
1.3 STREET ADDRESS	1.3 STREET ADDRESS Tampa FL 33647
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
2.1 TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
4.1 TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

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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 called 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.

SIGNATURE: *[Signature]* **10 Apr 97 972 4269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)