

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

FILED

Apr 15 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 # P95000066320 (9)

1. Corporation Name  
CARTER UNION ELECTRIC, INC.

Principal Place of Business  
350 5TH AVENUE SOUTH  
SUITE B  
NAPLES FL 33940

Mailing Address  
350 5TH AVENUE SOUTH  
SUITE B  
NAPLES FL 34102-6524



2. Principal Place of Business  
21 4475 Corporate Square  
Suite Apt. # etc.

2a. Mailing Address  
26 4475 Corporate Square  
Suite, Apt. #, etc.

22 City & State  
23 Naples, FL

27 City & State  
28 NAPLES, FL

24 Zip Country  
34104 USA

29 Zip Country  
34104 USA

3. Date Incorporated or Qualified  
08/28/1995

3a. Date of Last Report  
04/23/1996

4. FEI Number  
65-0609781

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCFALL, MARK W  
1375 JACKSON ST.  
SUITE 201  
FT. MYERS FL 33901

81 Name Jenny Carter  
82 Street Address (P.O. Box Number is Not Acceptable) 4475 Corporate Square  
83  
84 City NAPLES FL 85 Zip Code 34104

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

JENNY L. CARTER

(NOTE: Registered Agent signature required when reinstating)

4.10.97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARTER, MARK	
STREET ADDRESS	1750 MARLYN RD.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JENNY L. CARTER	
STREET ADDRESS	1750 MARLYN RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARTER, MARK	
1.3 STREET ADDRESS	1525 BOVITA LAKE	
1.4 CITY-ST-ZIP	NAPLES, FL 34102	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JENNY CARTER	
2.3 STREET ADDRESS	1525 BOVITA LAKE	
2.4 CITY-ST-ZIP	NAPLES, FL 34102	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE:

JENNY L. CARTER

4.10.97 941.262100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)