

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000096075 (3)**

1. Corporation Name:

**CARTER'S SIGN SHOP, INC.**



Principal Place of Business

Mailing Address

**2487 LINWOOD AVENUE  
NAPLES FL 33962**

**2487 LINWOOD AVENUE  
NAPLES FL 33962**

3. Date Incorporated or Qualified

**12/18/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number

**65-0650931**

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

**LAMBERSON, ERIC E  
2430 SHADOWLAWN DR., SUITE 9  
NAPLES FL 33962**

81 Name

**ESTELLE CARTER**

82 Street Address (P.O. Box Number is Not Acceptable)

**2487 LINWOOD AVE**

83

84 City

**NAPLES**

**FL**

85 Zip Code

**33962**

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 *Estelle Carter, Sec.*

Signature of person filing this statement (Registered Agent, if applicable)

(If the Registered Agent's signature is required, attach it here.)

**6/7/96**

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **SHARE-IN CHORBA**  
CITY - ST - ZIP **3340 24TH AVE. S.E.  
NAPLES FL 33964**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **CARTER, WILLIAM**  
CITY - ST - ZIP **4735 DORANDO DR.  
NAPLES FL 33940**

TITLE ☐ DELETE  
NAME **TS**  
STREET ADDRESS **CARTER, ESTELLE**  
CITY - ST - ZIP **4735 DORANDO DR.  
NAPLES FL 33940**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Estelle Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/7/96**

Date

**941-775-3151**

Telephone Number

CR2E034 (3/96)