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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000096256 (9)

CARTER'S APPRAISAL SERVICE, INC.

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Principal Place of Business Mailing Address						I BALIA IBIID BILID EIDDI GILLA BILL IBAT
9021 SW 27TH AVE SUITE B OCALA FL 34474		3021 SW 27TH AVE SUITE B OCALA FL 34474-4405				
					<ol> <li>Date Incorporated or Qualified 12/20/1995</li> </ol>	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		<del>-</del>	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3349349	Not Applicable	
.Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<del> </del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	
24	25] g. Name and Address of Curre	29	30		Florida Statutes L  10. Name and Address of New Re	Yes No
CAE		on riogistorou Agent	10. Name and Address of New Ne	gistered Agent		
CARTER, THOMAS E SR 3021 SW 27TH AVE				81 Namo		
	TE B		82 Street Add		Address (P.O. Box Number is Not Acceptate	ole)
	ALA FL 34474		8	3		
001	ADVIE OTT/ 4					
			8	1 7		FL 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, typed or printed name of registered a				required which reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 1111.0			☐ Change ☐ Addition
NAME	CARTER, THOMAS E		1.2 NAM			
STREET ADDRESS	3021 SW 27TH AVE SUITE B		1.3 STRE	ET ADORESS		
CITY-ST-ZIP	OCALA FL 34474		1.4 CITY			
TITLE .	0	☐ DELFTE	2.1 TITLE			Change Addition
NAME	CARTER, DEBRA L 3021 SW 27TH AVE SUITE B	•	2.2 NAM			
STREET ADDRESS	OCALA FL 34474			E1 ADDRESS		· .
CITY-ST-ZIP TITLE	OUNDA PE 34474	DELETE	2. 4 CI1Y 3.1 TITLE	· \$1- 71P		Change Addition
NAME		L. Decere	3.7 NAM			
STREET ADDRESS			24	ET ADDRESS		
CITY-ST-ZIP			3.4 CITY			
TITLE	,	DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		-
STREET ADDRESS			4.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			4.4 CDY	S1-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			5.4 CITY	S1-20°		
TITLE		∐} DELETE	6.1 THTLE			Change Addition
NAME			6.2 NAM-	;	1	
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP	his partification than intermedian	ask with this filips show as *	6.4 CITY		Nated in Section 110 07/0V/3 Florida Circum	a 1 feethar and feet - 1 stee
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 eath; 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.						