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PROFIT CORPORATION ANNUAL REPORT

1998

Block 12 or Block



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000096256 (9)

CARTER'S APPRAISAL SERVICE, INC.

**FILED** Apr 27 1998 8:00am Secretary of State

Principal Place of Business Maiting Address 3021 SW 27TH AVE 3021 SW 27TH AVE SUITE B DO NOT WRITE IN THIS SPACE OCALA FL 34474 OCALA FL 34474 3. Date Incorporated or Qualified 12/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3349349 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CARTER, THOMAS E SR 3021 **\$W** 27TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE B** 83 **OCALA FL 34474** City Zip Code 85 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 agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 11TITLE TITLE CARTER, THOMAS E NAME 1.2 NAME 3021 SW 27TH AVE SUITE B 1.3 STREET ADDRESS STREET ADDRESS **Ö**CALA FL 34474 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE CARTER, DEBRA L NAME 2.2 NAME 3021 SW 27TH AVE SUITE B 2.3 STREET ADDRESS STREET ADDRESS **OCALA FL 34474** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this hing 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