

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90262 031 ***150.00

DOCUMENT # P96000001510

1. Corporation Name

CAREY KRAMER COMPANY - NORTH FLORIDA

Principal Place of Business

101 E. KENNEDY BLVD.
SUITE 2420
TAMNPA FL 33602

Mailing Address

101 E. KENNEDY BLVD.
SUITE 2420
TAMNPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1996

4. FEI Number

52-1473971

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FRASER, H M
101 EAST KENNEDY BLVD.
SUITE 2420
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SUMNER, MARC T	
STREET ADDRESS	101 E. KENNEDY #2420	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRASER, H. MCCORD	
STREET ADDRESS	101 E. KENNEDY BLVD.	
CITY-ST-ZIP	TAMNPA FL 33602	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fraser, H. McCord	
1.3 STREET ADDRESS	101 E. Kennedy Blvd., #2420	
1.4 CITY-ST-ZIP	Tampa, FL 33602	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sumner, Marc T.	
2.3 STREET ADDRESS	101 E. Kennedy Blvd., #2420	
2.4 CITY-ST-ZIP	Tampa, FL 33602	
3.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kramer, John R.	
3.3 STREET ADDRESS	101 E. Kennedy Blvd., #2420	
3.4 CITY-ST-ZIP	Tampa, FL 33602	
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 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, with all other like empowered.

SIGNATURE

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

(813) 221-7750

Date

Daytime Phone #

CR2E034 (11/98)