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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000023944 (7)

CARTER ROSS, INC.

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State



JACKSONVILLE FL 32205	JACKSONVILLE FL 3220	5		
			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE
			03/15/1996	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
<u> </u>	26		59- <u>33</u> 68531	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt #, etc.		5, Certificate of Status Desired	\$8.75 Additional
Z City & State	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	
25	29	30	Personal Property Tax due June 30.	Yes No
g Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registere	d Agent
HUFHAM, SUSAN G		81 Name		
ROBERT T HOOD & ASSOC., II		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	21.1.61.12
101 CENTURY 21 DRIVE, STE.	115	2/20	dress (P.O. Box Number is Not Acceptable) COLPORATE SQUARE	Blud Ste 12
JACKSONVILLE FL 32216		83		,
		84 City		85 Zip Code
A. Durana to the gravitations of Continue 607	0500 and 607 1500 Florida Clated		acksonuille F	L 322/6
office or registered agent, or both, in the S	tate of Florida. Such change was :	authorized by the corpor.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	opointment as registered
agent. I am familiar with, and accept the o	\mathcal{A}_{I}	Z' . Z)	1h.Cho alo	lan
SIGNATURE Signature, typed or per test name of rege tere	tanettandha da bable (NO)	Susan 6. E Registered Agent signature req	Huthan 3/30	198
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE PD	DELETE	1.1 DILE		Change Addition
NAME CARTER, CYNTHIA A		1.2 NAME		
STREET ADDRESS 3436 ROSEMARY STREET	-5250 VASSAR 181	1.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL 32207		1.4 CITY - ST - ZIP		
TITLE STD	☐ DELET E	2.1 TITLE		Change Addition
NAME ROSS, ALAN S		2.2 NAME		
	5250 VASSAR RA	2.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL 32207		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	•	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	Decem	3.4. CITY- \$1-ZIP		
TITLE	☐ DELETE	4.1 TITLE		L Change L Addition
NAME		. 4. 2 NAME		
STABET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE	L'1 DECEIE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	L) otter	6.2 NAME		C change C Addition
STREET ADDRESS				
i i		6.3 STREET ADDRESS		
CITY-ST-ZIP	d with this filing does not quality for	6.4 CITY-ST-ZIP or the exemption stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
	The state of the s			
indicated on this annual report or supplem			ture shall have the same legal effect as it made t quired by Chapter 607, Florida Statutes; and tha	