

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

DOCUMENT # P96000041597

1. Corporation Name

CARLIN STABLES, INC.

FILED

99 JUN 30 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
3731 161 TER N 3731 161 TER N
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country
28 29 30

3. Date Incorporated or Qualified

05/15/1996

4. FEI Number

65-0666037

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

9. Name and Address of Current Registered Agent

CARLIN, DORIS
3731 161 TER N
LOXAHATCHEE FL 33470

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME CARLIN, DORIS
STREET ADDRESS 3731 161 TERR
CITY-ST-ZIP LOXAHATCHEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

☐ Change ☐ Add

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-99

561-790-0021

7/7/99
@

June 17, 1999

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Carlin Stables, Inc.
FEI # 65-0666037

Dear Sir or Madam:

I am writing in connection with the filing of the Corporation Annual Report for 1999 for the above-referenced corporation. My father passed away on April 22, 1999, in the State of Pennsylvania. He was divorced at the time and I am his only child, therefore I had all of the funeral arrangements to make. I am enclosing a photocopy of his Death Certificate and Funeral Home invoice for your review.

Upon returning home from Pennsylvania, I found that I had inadvertently failed to mail my Corporation Annual Report for 1999. I am respectfully requesting that you accept my Annual Report filing at this time, without the late fee of \$400.00.

If you have any questions or need additional information, please do not hesitate to contact me.

Very truly yours,



Doris Carlin, President
Carlin Stables, Inc.
3731 161 Terrace N.
Loxahatchee, FL 33470
(561) 790-0021



June 9, 1999

Doris Carlin
3731 161 Terrace North
Loxahatchee, FL 33470

Dear Doris:

The following is a paid itemized statement for the funeral services for your father, Ralph. We sincerely appreciate the confidence you have placed in us and will continue to assist you in every way we can. Please feel free to contact us if you have any questions in regard to this statement.

PROFESSIONAL SERVICES

One Day Traditional Funeral.....	\$3190.00	
Subtotal		\$3190.00

MERCHANDISE SELECTED

20 Gauge Metal Casket.....	\$1195.00	
Concrete Vault.....	500.00	
Register Book , Prayer Cards, Crucifix & Acknowledgments.....	105.00	
Subtotal		1800.00

CASH ADVANCES (NON-FUNERAL HOME CHARGES)

Death Certificates 10 @ \$2.00 each	\$20.00	
Flowers (2 urns @ 100 each & 1 spray @ 20).....	220.00	
Grave Opening.....	720.00	
Pittsburgh Post Gazette Death Notice.....	222.00	
Subtotal		<u>1182.00</u>

TOTAL FUNERAL HOME CHARGES AND CASH ADVANCES	<u>\$6172.00</u>
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PAYMENTS & CREDITS

04-24-99 Ck # 5533 Doris Carlin	(1282.00)
6-6-99 Ck # 5580 Doris Carlin	(4890.00)

PAID IN FULL

Sincerely,


Janice Miller Stein
Funeral Director

Janice Miller Stein, F.D., Supervisor

460 LINCOLN AVENUE • BELLEVUE, PA 15202

WARNING: IT IS ILLEGAL TO ALTER THIS COPY OR
TO DUPLICATE BY PHOTOSTAT OR PHOTOGRAPH.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH VITAL RECORDS

LOCAL REGISTRAR'S CERTIFICATION OF DEATH



CERT. NO. 4184571

APR 24 1999

Date of Issue of This Certification

Name of Decedent Ralph D. Weir
Sex Male Social Security No. 173-16-9789 Date of Death April 22, 1999
Date of Birth 09/19/22 Birthplace Pittsburgh, Pennsylvania
Place of Death Masonic Home West Allegheny Ross Township Pennsylvania
Race White Occupation Forklift Operator Armed Forces? (Yes or No) Yes
Marital Status Divorced Decedent's Mailing Address 228 Bellevue Road Pittsburgh PA
Informant Doris May Carlin Funeral Director Janice Miller Stein
Name and Address of Funeral Establishment Lawrence T. Miller Funeral Home, Inc., 460 Lincoln Avenue, Pittsburgh, PA 15202

Part I: Immediate Cause

Interval Between
Onset and Death

(a) Myocardial Infarction

(b) Bronchogenic Cancer

(c) _____

(d) _____

Part II: Other Significant Conditions

Manner of Death

Describe how injury occurred:

Natural ☒ Homicide ☐
Accident ☐ Pending Investigation ☐
Suicide ☐ Could not be Determined ☐

Name and Title of Certifier Matthew Coppola, M.D. (M.D., D.O., Coroner, M.E.)
Address 2010 Kinvara Drive, Pittsburgh, PA 15237

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Matthew Coppola
Local Registrar's Signature

02013

Printed Name

175 Center Avenue

Emsworth, 15202

4/24/99