

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089597 (4)

1. Corporation Name

CARLSON PROPERTY MANAGEMENT, INC.

Principal Place of Business

1281 PINE RIDGE CIR E #120-D1
TARPON SPRINGS FL 34689

Mailing Address

1281 PINE RIDGE CIR E #120-D1
TARPON SPRINGS FL 34689-6409



3. Date Incorporated or Qualified

10/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 Carlson Property Mgmt.

2a. Mailing Address

26 Carlson Property Mgmt

4. FEI Number

59-3412536

Applied For

Not Applicable

Suite, Apt. #, etc.

22 dba/Delis Property Mgmt

1127 Main Street

23 Dunedin, FL

Suite, Apt. #, etc.

27 dba/Delis Property Mgmt

1127 Main Street

28 Dunedin, FL

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes

☐

No

Zip

24 34698

Country

25 Pinellas

Zip

29 34698

Country

30 Pinellas

9. Name and Address of Current Registered Agent

CARLSON, DANALD E
1281 PINE RIDGE CIR E #120-D1
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

CARLSON, DONALD E.

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

1127 MAIN STREET

83

84 City

DUNEDIN

FL

85 Zip Code

34698

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 PS
NAME CARLSON, DONALD E
STREET ADDRESS 1281 PINE RIDGE CIR E #120-D1
CITY-ST-ZIP TARPON SPRINGS FL 34689

☐ DELETE

TITLE VT
NAME CARLSON, DIANNE J
STREET ADDRESS 1281 PINE RIDGE CIR E #120-D1
CITY-ST-ZIP TARPON SPRINGS FL 34689

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

SIGNATURE: *Donald E. Carlson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Date

813-736-2755

Daytime Phone #

CR2E034 (9/96)