

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000002150 (5)

1. Corporation Name
JOYCE CARLSEN-HART ENTERPRISES, INC.



Principal Place of Business

RT. 5 BOX 586
LAKE CITY FL 32024

Mailing Address

RT. 5 BOX 586
LAKE CITY FL 32024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1997

2. Principal Place of Business

21 RT 21 Box 4088

Suite, Apt. #, etc.

22 LAKE CITY FL

City & State

23

24 32024

Country

25 Columbia

2a. Mailing Address

26 P.O. Box 7087

Suite, Apt. #, etc.

27 LAKE CITY FL

City & State

28

29 32055

Country

30 Columbia

4. FEI Number

59-3418430

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARLSEN-HART, JOYCE
RT. 5 BOX 586
LAKE CITY FL 32024

10. Name and Address of New Registered Agent

81 Name

Hugh A. Hart

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

RT 21 Box 4088

83

84

City LAKE CITY

FL

85 Zip Code

32024

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 *Hugh A. Hart*

(NOTE: Registered Agent signature required when reinstating)

4-24-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME CARLSEN-HART, JOYCE
STREET ADDRESS RT. 5 BOX 586
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ DELETE

V
NAME HART, HUGH A
STREET ADDRESS RT. 5 BOX 586
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☒ DELETE

ST
NAME TINER, M V
STREET ADDRESS RT. 5 BOX 3002
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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: *Hugh A. Hart*

4-24-98 904-961-2431

CR2E034 (10/97)