## 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 # **P97000018615**1. Corporation Name

R & J CARTER, INC.

	•							
Principal Place of Business , Mailing Address							11001 10110 0	1141 1144 H 1 H 1 1 1 H 1 1
1812 THOMAS	SVILLE ROAD	1812 THOMASVILLE ROA	D					
TALLAHASSEE FL 32303 TALLAHASSEE FL 3230						DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualified	JACE .	
						02/27/1997	, .	
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3428383		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	المعارب والمحارب المعارب ويهيب	_ 27			. <del></del>	5. Certificate of Status Desired	Fee	Required
City & Sta	City & State	y & State			6. Election Campaign Financing	\$5.0	<b>0</b> May Be	
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cor	untry		8. This corporation owes the current year In		_
24	25 .	29	30			Personal Property Tax.	☐ Yes	□No ·
	9. Name and Address of Current	Registered Agent		1.		10. Name and Address of New Registered	Agent	
^	DTED DOLLA C ID			81	Name			
CARTER, ROLLA C JR.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
1812 THOMASVILLE ROAD				Ш		,		
IAL	LAHASSEE FL 32303			83				
				84	City	<del>ा विश्वविद्या । विश्वविद्या <u>व</u>िद्वा</del>	85 Zi	p Code
						FL	•   -	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		E: Registere		t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	. DELETE	1.1 T	ITLE			☐ Chang	e
NAME	CARTER, ROLLA C JR.	,	1.2 N	AME		•	•	
STREET ADDRESS	1812 THOMASVILLE ROAD		1.3 S	TREET	ADDRESS	•		ļ.
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 0	ITY-S1	r-ZIP			
TITLE		☐ DELETÉ	2.1 T	ITLE			· Chang	e 🗀 Addition
NAME			2.2 N	AME		•		
STREET ADDRESS	S		2.3 \$	TREET	ADDRESS			ı
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TITLE	1	☐ DELETE	. 3.1 T				Chang	e Addition
NAME			3.2 N					
STREET ADORESS					ADDRESS		2	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP		□ po ere		CITY-S	T-ZIP		☐ Chang	e Addition
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NAME	ļ. · .	*		NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	4.4 C 5.1 T	ITY-ST	-ZIP		` Chang	e
TITLE	1		5.1 I 5.2 N				L Chang	
NAME					ADDRESS			
STREET ADDRESS				ITY-ST				
'CITY-\$T-ZIP TITLE		☐ DELETE	6.1 T		-211	*	Chang	e
					1			

6.4 CITY-ST-ZIP 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

STREET ADDRESS

6.3 STREET ADDRESS

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90013 020 \*\*\*150.00