

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 # P97000019240 (5)

1. Corporation Name

JOHN W. CARTER, PA

Principal Place of Business

2661 AIRPORT ROAD SOUTH
COURT PLAZA SUITE B-105
NAPLES FL 34112

Mailing Address

2661 AIRPORT ROAD SOUTH
COURT PLAZA SUITE B-105
NAPLES FL 34112

2. Principal Place of Business

21 4100 Corporate Square

Suite, Apt. #, etc.

22 Suite 126

City & State

23 Naples, FL

Zip

24 34104

Country

25

2a. Mailing Address

26 P.O. Box 8960

Suite, Apt. #, etc.

27

City & State

28 Naples, FL

Zip

29 34101

Country

30

9. Name and Address of Current Registered Agent

CARTER, JOHN W.
311 AIRPORT ROAD NORTH
NAPLES FL 34104

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

59-3430861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

81 Name

CARTER JOHN W.

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

4100 Corporate Square

83

Suite 126

84 City

Naples

FL

85 Zip Code

34104

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

N/A

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

11 TITLE

Resident

☐ Change

☒ Addition

12 NAME

John W. Carter

13 STREET ADDRESS

P.O. Box 8960

☐ Change

N/A

14 CITY-ST-ZIP

Naples, FL 34101

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

3000002553862-117
-06/10/98--01005--017
****150.00 ****150.00

☐ Change

☐ Addition

☐ Change

☐ Addition

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 in an attachment with an address.

SIGNATURE

John W. Carter

4.8598 941 212 245

FILED

98 JUN -5 PM 3:48

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)