


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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90047 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000059554					
1. Corporation Name CARROLL & SONS, INC.					
Principal Place of Business 15410 DENNIS DRIVE HUDSON FL 34669			Mailing Address 15410 DENNIS DRIVE HUDSON FL 34669		
2. Principal Place of Business 21 15416 DENNIS DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 15416 DENNIS DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/01/1997	
22 City & State 23 HUDSON FL 34669 Zip Country		27 City & State 28 HUDSON FL 34669 Zip Country		4. FEI Number 59-3460601 Applied For Not Applicable	
24 34669 25 PASCO		29 34669 30 PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CARROLL, CHARLES W 15410 DENNIS DRIVE HUDSON FL 34669				10. Name and Address of New Registered Agent 81 Name CARROLL, CHARLES W 82 Street Address (P.O. Box Number is Not Acceptable) 15416 DENNIS DRIVE 83 84 City HUDSON 85 Zip Code FL 34669	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PSTD <input type="checkbox"/> DELETE				
NAME	CHARLES W CARROLL				
STREET ADDRESS	15410 DENNIS DRIVE				
CITY-ST-ZIP	HUDSON FL 34669				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	JONATHON CARROLL				
STREET ADDRESS	15410 DENNIS DRIVE				
CITY-ST-ZIP	HUDSON FL 34669				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	PSTD				
1.3 STREET ADDRESS	CHARLES W CARROLL				
1.4 CITY-ST-ZIP	15416 DENNIS DRIVE				
2.1 TITLE	HUDSON FL 34669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	VP				
2.3 STREET ADDRESS	JONATHON CARROLL				
2.4 CITY-ST-ZIP	15416 DENNIS DRIVE				
3.1 TITLE	HUDSON FL 34669 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE: *Charles W. Carroll* **Charles W. Carroll** President 1/29/99 (727) 868-4241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)