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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90183 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067757

1. Corporation Name
CARLSON'S CUT, INC.



Principal Place of Business
8781 NW 16 STREET
PEMBROKE PINES FL 33024
US

Mailing Address
8781 NW 16TH STREET
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1997

4. FEI Number
65-0770196

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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

21. Principal Place of Business
4830 W. C-48
Suite, Apt. #, etc.

2a. Mailing Address
4830 W. C-48
Suite, Apt. #, etc.

22. City & State
Bushnell, FL

27. City & State
Bushnell, FL

23. Zip
33513

29. Zip
33513

24. Country
USA

30. Country
USA

9. Name and Address of Current Registered Agent

CARLSON, MABEL
8781 NW 16TH STREET
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81. Name
ERIK CARLSON
82. Street Address (P.O. Box Number is Not Acceptable)
4830 W. C-48
83. City
Bushnell
84. State
FL
85. Zip Code
33513

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
CARLSON, MABLE
STREET ADDRESS
8781 NW 16TH STREET
CITY-STATE-ZIP
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
PRESIDENT
1.2 NAME
ERIK W. CARLSON
1.3 STREET ADDRESS
4830 W. C-48
1.4 CITY-STATE-ZIP
Bushnell, FL 33513

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)