

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

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

FILED

98 JUL 15 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000071583  
1. Corporation Name Don Carter Plumbing, INC.

Principal Place of Business Mailing Address  
P.O. Box 735 P.O. Box 735  
Callahan, FL 32011 Callahan, FL 32011

DO NOT WRITE IN THIS SPACE

|                                |                        |   |  |
|--------------------------------|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number   | Applied For  |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | <u>59-3437903</u>   | Not Applicable   |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
| 24 Country                     | 29 Country             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent                          | 10. Name and Address of New Registered Agent          |
| <u>Donald Carter</u><br><u>P.O. Box 735</u><br><u>Callahan, FL 32011</u> | 81 Name   |
| <u>2563 Barber Rd</u><br><u>Callahan, FL 32011</u>                       | 82 Street Address (P.O. Box Number is Not Acceptable) |
|  | 83  |
|  | 84 City   |
|  | FL 85 Zip Code  |

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 Ronald W. Carter

(NOTE: Registered Agent signature required when re-registering)

DATE

|   |  |
|---|--|
| 12. OFFICERS AND DIRECTORS  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |
| TITLE   | 1.1 TITLE  |
| NAME  | 1.2 NAME   |
| STREET ADDRESS  | 1.3 STREET ADDRESS   |
| CITY-ST-ZIP   | 1.4 CITY-ST-ZIP  |
| <u>Director</u><br><u>Donald Carter</u><br><u>P.O. Box 735 N/A</u><br><u>Callahan, FL 32011</u> | <u>900002593779--9</u><br><u>-07/21/98--01032--018</u><br><u>****150.00 ****150.00</u> |
| TITLE   | 2.1 TITLE  |
| NAME  | 2.2 NAME   |
| STREET ADDRESS  | 2.3 STREET ADDRESS   |
| CITY-ST-ZIP   | 2.4 CITY-ST-ZIP  |
| TITLE   | 3.1 TITLE  |
| NAME  | 3.2 NAME   |
| STREET ADDRESS  | 3.3 STREET ADDRESS   |
| CITY-ST-ZIP   | 3.4 CITY-ST-ZIP  |
| TITLE   | 4.1 TITLE  |
| NAME  | 4.2 NAME   |
| STREET ADDRESS  | 4.3 STREET ADDRESS   |
| CITY-ST-ZIP   | 4.4 CITY-ST-ZIP  |
| TITLE   | 5.1 TITLE  |
| NAME  | 5.2 NAME   |
| STREET ADDRESS  | 5.3 STREET ADDRESS   |
| CITY-ST-ZIP   | 5.4 CITY-ST-ZIP  |
| TITLE   | 6.1 TITLE  |
| NAME  | 6.2 NAME   |
| STREET ADDRESS  | 6.3 STREET ADDRESS   |
| CITY-ST-ZIP   | 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: Ronald W. Carter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-98

904-879-5789

CR2E034 (10/97)

**June 1, 1998**

**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
ATTN: Tyrone Scott**

**Dear Sirs,**

**Here is enclosed 1998 profit Corporation Report along with check for \$150.00 to cover filing fee.**

**This report was submitted by deadline , However there was some confusion as to weather the fee should be submitted because this was a new Corporation so some Correspondence was sent and that was the reason for the delay in payment..**

**Per Phone Conversation with Tyrone Scott on 06/01/98 I was told to send in payment of \$150.00..**

**Please contact me if any questions or problems..**

**Thank You**

**Donald Carter**