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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham *

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106594 (9)

CARROLL'S CHRISTIAN BROTHERS, INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



5013 37TH AVENUE NORTH 5013 37TH AVENUE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1997 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARROLL, HARMON 5013 87TH AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33710 83 Zip Code City 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 4 applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DEL ETE Change Addition TITLE 1.1 TITLE CARROLL, HARMON NAMÉ 1.2 NAME 5013 37TH AVENUE NORTH STREET ADDRESS 1,3 STREET ADDRESS ST. PETERSBURG FL 33710 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREE1 ADDRESS CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-7IP CITY-ST-ZIP

14. Thereby 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 eath; 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.