

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90013 020 ***158.75

DOCUMENT # P98000009560

1. Corporation Name

CARBONE COMMERCIAL SERVICES, INC.



Principal Place of Business

3131 N.W. 13TH ST. STE. 5
GAINESVILLE FL 32609

Mailing Address

3131 N.W. 13TH ST. STE. 5
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

59-3491333

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

2. Principal Place of Business

21 3705 S.W. 42nd Ave

2a. Mailing Address

26 3705 S.W. 42nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 11

27 Suite 11

City & State

City & State

23 Gainesville FL

28 Gainesville FL

Zip

Country

Zip

Country

24 32608

25 U.S.A.

29 32608

30 U.S.A.

9. Name and Address of Current Registered Agent

DUPREE, RAE
924-1 S.W. 61ST STREET
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

DUPREE RAE

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

RT 4 Box 3922

83

84 City

LAKE BUTLER

FL

85 Zip Code

32054

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

Rae Dupree

Rae Dupree

4-20-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CARBONE, RAYMOND J
STREET ADDRESS P.O. BOX 140836
CITY-ST-ZIP GAINESVILLE FL 32614

TITLE D ☐ DELETE

NAME DUPREE, RAE
STREET ADDRESS 924-1 S.W. 61ST STREET
CITY-ST-ZIP GAINESVILLE FL 32607

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Raymond J. Carbone

04/20/99

1352-378-1988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)