Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90066 013 \*\*\*150.00

## 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** 

## DOCUMENT # P98000055652

<ol> <li>Corporation</li> </ol>						
THE CARRIAGE COMPANY OF CENTRAL FLORIDA, INC.						
Principal Place of Business Mailing Address			•			
22757 SOUTH SHORE DR. 22757 SOUTH SHORE DR. LAND O'LAKES FL 34639 LAND O'LAKES FL 34639						
LAND O'LAKES	FE 34639	LAN	ID O DAVES LE 34039			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/22/1998
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For
21			26			59 - 352 1710 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22			27			5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Žip .	Country		Zip	Country		This corporation owes the current year Intangible
24	25	29	30	<u> </u>		Personal Property Tax.
	9. Name and Address of Curre	nt Regist	ered Agent		1	10. Name and Address of New Registered Agent
ueri	THANK DETED M			81	Name	
HETTMANN, PETER M				82	Street A	Address (P.O. Box Number is Not Acceptable)
22757 SOUTH SHORE DR.						
LAND O'LAKES FL 34639			83			
				84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statutes,	the above	e-named o	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florid	a. Such change was auth	orized by	the corpo	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE						cuired when reinstating) DATE
12.	Signature, typed or printed name of registered at OFFICERS A			13.	tt signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	MAD DIVE	☐ DELETE	1.1 TITLE		Change Addition
1	HETTMANN, PETER M		C) occere	1.2 NAME		<u> </u>
NAME	22757 SOUTH SHORE DR.			-		·
STREET ADDRESS	LAND O'LAKES FL 34639				TADDRESS	
CITY-ST-ZIP	EARD O DARES I E STOOS		[] DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	☐ Change ☐ Addition
TITLE			C DEFEIR			
NAME				2.2 NAME	- ,.	Signature of the second of the
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP			☐ DELETE	2. 4 CITY-5 3.1 TITLE	51-ZIP	Change Addition
TITLE			C) DELETE			
NAME				3.2 NAME		
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP	<u>.                                    </u>		□ DELETE	3.4. CITY-5	ST-ZIP	Change Addition
TITLE			CT DEFETE	4.1 TITLE		□ Augusta □ Augustan
NAME				4.2 NAME		<b>.</b>

6.4 CITY-ST-ZIP 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 open attachment with an address, with all other like empowered.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ Change

Change

Addition

☐ Addition