

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90164 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000095265

1. Corporation Name
CARROLL COMPANY OF PENSACOLA, INC.

Principal Place of Business 8619 ROSE AVE. PENSACOLA FL 32534	Mailing Address 8619 ROSE AVE. PENSACOLA FL 32534
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/20/1998

4. FEI Number 59-3542186	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

WILLIAMS, TINA
8619 ROSE AVE.
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	NAME	
STREET ADDRESS	8619 ROSE AVE.	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME	
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
2.1 TITLE	2.2 NAME	
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE	3.2 NAME	
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	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: Tina Williams TINA WILLIAMS 4/15/99-850-477-1242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)