PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # \$40719

1. Corporation Name

CARLECTONE INC

FILED
Apr 29, 1999 8:00 am
Secretary of State
04 29 1999 90018 048 ***158 75

Principal Place 7380 PHILIFS H		73	aifing Address 80 PHILIPS HWY RTE 200			<u>.</u>								
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256										WRITE IN T	IIS SPAC	<u></u> _		
US								3. Date Incorporated or Qualifed						
								03/20/19	9 <u>91 </u>					
2. Principa Pi	ace of Business	2a.	Mailing Address			_	4.	. FEI Numbe	er			Ap	lied For	
21		26						59-3061	234		<u>•</u>		Applicable	
Suite, Apt#,.etc			Suite, Apt. #, etc.				-	Certificate	of Status Des	ired N			dditional	
22			27					. Cormeate				ee Re	juired	
City & State			City & State					. Election Ca	ampaign Fina	ncing	\$	5.00	May Be	
23			28					Trust Fund	Contribution			Added to	Fees	
Zip	Country	T	Zip Country				8.	8. This corporation owes the current year				e		
24	25	29	9 30									es	¥No	
	9. Name and Address of Current	Regis	tered Agent				10.	Name and	Address of	New Register	d Agen	<u> </u>		
					81	Name							ŧ	
	EN, BRINTON & SIMMONS, P.A.				82	Ctroot	Addroop (D.O. Box Niv	mber is Not A	ocentable)				
32:20	INDEPENDENT SQUARE				02	Street	Address (r	P.O. BOJ INU	Ilinei is Morv	icceptable)			1	
JACI	KSONVILLE FL 32202				83									
											- ——			
}					84	City					EL 85	Zip C	ode	
	to the provisions of Sections 607.0502		207 1509 Florido Statu	too the e	hour	namod	Lecenoratio	on culturi e th	ic statement			ing its	registered	
l office or re	egistered agent, or both, in the State o	f Flore	da. Such change was a	authorized	i by i	the corp	oration's b	ooard of direc	ctors. I hereby	accept the ap	r ointmer	t as reg	stered	
agent. I ai	m familiar with, and accept the obligati	ons of	, Section 607.0505, Flo	orida Stat	utes.									
SIGNATUFE										0.77				
	Signature, typed or printed na ne of registered agent			<u> </u>	Agen	t signature	nedw beni pen		VOLLANIOSO	DATE		OFCTO	CIC IN 42	
12.	OFFICERS AND	DIRE		13.			125	ADDITIONS	/CHANGES_	TO OFFICERS		hange	Addition	
TITLE	CDTS		☐ DELETE	1.1 TI			d/1:11	Dick	ade			nunge		
NAME	STILL, RICHARD S			1.2 N/			700-	171670	uu s	Ste 200				
STREET ADDRESS	7380 PHILIPS HWY, STE 200			1.3 ST	REET	ADDRESS	1380	Philip	s muy.	2220	٠,			
CITY-ST-ZIP	JACKSONVILLE FL 32256			1.4 CI	TY-\$1	- ZIP	A-CK	<u>Ksonrill</u>	e, FL	3225			- 	
TITLE	DV		DELETE	2.1 TI	TLE		P					hange	Addition	
NAME	FIELDER, WILLIAM H.		• •	22 N	ME		Erad	14, Ia	le J.	6 1				
STREET ADDRE IS	7380 PHILIPS HWY, STE 200			2.3 S	REET	ADDRESS	7380	Philip	ss Huy.	Ste. 200	•			
CITY-ST-ZIP	JACKSONVILLE FL 32256			2.40	ITY-S	T-ZIP	JACK	Sonville	E.FL.	Ste. 200 32254				
TITLE	D		☐ DELETE	3.1 TI					7			hange	☐ Addition	
NAME	OTTENSTROER, DUANE L			3.2 N	AME		1						i	
STREET ADDRESS	1301 RIVER PLACE BLVD-SUITE	2340	n			ADDRESS								
}	JACKSONVILLE FL		•		TY-S									
CITY-ST-ZIP			DELETE	4.1 11		1-211	 					Change	Addition	
TITLE	D D		, Section									•	_	
NAME	KLICKER, KEN			4. 2 N		******	.]						Ì	
STREET ADDRESS	10969 CREEKVIEW DR.					ADDRESS	'							
CITY-ST-ZIP	JACKSONVILLE FL.		□ severe		TY-S1	r-ZIP	-				Def o	hange	☐ Addition	
TITLE	D		☐ DELETE	5.1 TI			45	,			XX	ung c		
NAME (BARKER, JAMES M. I			5.2 N			resark	(eC/V/P	imes m	, [_ , _ ,				
STREET ADDRESS	1820 STATE RD. 13, STE 1					ADDRESS	1020	> State	mes m .Rd. 13	1 3+E.1			l	
CITY-ST-ZIP	JACKSONVILLE FL				TY-S1	r-ziP	TAC	<u>KSonvi</u>	11c, FL		- -			
TITLE	D		DELETE	6.1 TI	TLE				*			Change	☐ Addition	
NAME	STILL, DR ROBERT J		• •	6.2 N	AME									
STREET ADDRES S	4125 HIDDEN BRANCH DR., N.			63S	REET	ADDRESS	;							
CITY-ST-ZIP	JACKSONVILLE FL			6.4 C	TY-ST	1-ZIP	1							
2111 Q. CH														

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 cirtify 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:

SIGNATURE AND TYPED OR ANINTED NAME OF SIGNING OFFICER OR DIRECTOR