

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE**
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 MAR 21 PM 2:33**DOCUMENT # S96147 (1)****1. Corporation Name**
FOURTEEN CARROTS, INC.**Principal Place of Business**
536 NINTH ST N
NAPLES FL 33940
Mailing Address
536 NINTH ST N
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/19/1991
3a. Date of Last Report
03/28/1994**4. FEI Number**
65-0299690
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 has liability for intangible tax under S. 199.032, Florida Statutes** ☒ Yes ☐ No**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**9. Name and Address of Current Registered Agent**DONELON, THOMAS R
649 5 AVE S
NAPLES FL 33940**10. Name and Address of New Registered Agent****81** Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	JOHNSON, WILLIAM H	3760 13TH AVE SW	NAPLES FL
PST	JOHNSON, SHANNON R	3760 13TH AVE SW	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 registered agent 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.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

3-15-95 813-241-7353