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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

				
DOCUMENT # S97294 (0)				
CARL'S BUYING SERVICE, INC.				
				I ABDARAD AID ANNA ABDE AINA ABAR ARAK BARA AIRN BARA BARA BARA BARA BARA BARA BARA BA
Delegated Disc		NA-III		
Principal Plac		Mailing Address		
4170 N. COW HERNANDO F		4170 N. COWPOKE PT. HERNANDO FL 34442		
US		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2 Principal P	face of Business	2a. Mailing Address		09/15/1991 4. FEI Number Applied For
	NE Livingston St	26 P. O. Box	2856	59-3088694 Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	ومسر و آل	City & State	<i>C</i> 1	6. Election Campaign Financing \$5.00 May Be
23 Arca	dia FL Country	Zip Zip	Country	Trust Fund Contribution Added to Fees
	266 25 USA	<u> </u>	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
241	9. Name and Address of Current		30, 43	10. Name and Address of New Registered Agent
MCKETTRICK, CARLTON D.				
				Anddress (P.O. Box Number is Not Acceptable)
HERNANDO FL 34442			<u> </u>	922 NE Livingston St.
<u> </u>			83	J
<u> </u>			84 City	A 85 Zip Code
11 Burguant	to the provinces of Sections 607 0502	and 607 1609 Florida Statuto		Arcadia FL 34266
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 D. McChattack SV				3-19-98
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature	re required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition
NAME	MCKETTRICK, CARLTON D.		1.2 NAME	Carlton D. mekettrick Sr.
STREET ADDRESS	4170 N COWPOKE PT		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	HERNANDO FL S	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Arcadia FL 34'265
NAME	MCKETTRICK, LORI	PESCOLUCIE .	2.2 NAME	C Onlings C Postalon
STREET ADDRESS	4170 N COWPOKE PT		2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL		2. 4 CITY - ST - ZIP	`
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	· }
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE		רו הברבוב	5.1 TITLE	(Crisinge Addition
NAME OTOCCT ADDRESS			5.2 NAME	
STREET ADDRESS City-St-Zip			5.3 STREET ADDRESS	
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS

NAME STREET ADDRESS

3-19-98

941-444-7740

FILED

Mar 25 1998 8:00am

Secretary of State