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

FILED Mar 26, 1999 8:00 am **Secretary of State**

03-26-1999 90012 012 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # S97294

1. Corporation Name

City & State

23

CARL'S BUYING SERVICE INC.

Principal Place of Business	Mailing Address
1922 NE Livingston St Arcadia, FL 34266	1922 NE Livingston St Arcadia, FL 34266
2. Principal Place of Business 21 1922 NE Livingston St	2a. Mailing Address 26 1922 NE Livingston St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

Arcadia, Arcadia, FL Zip Country Country USA 34266 25 USA 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

City & State

6. Election Campaign Financing **\$5.00** May Be П Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax.

\$8.75 Additional

Fee Required

Applied For Not Applicable

McKettrick, Carlton D. 1922 NE Livingston Street Arcadia, FL 34266

01	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	3	
QA.	4 Cib.	Zin Code

3. Date Incorporated or Qualifed 09/15/91 4. FEI Number

59-3088694

5. Certifcate of Status Desired

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 applicab		gistered Agent signature required when reinstating) DATE		
12.	OFFICERS AND DIRECTOR	-	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TΠLE	☐ Change ☐ Additio	
NAME	Carlton D. McKettrick Sr.		1.2 NAME		
STREET ADDRESS	1922 NE Livingston Street		1.3 STREET ADDRESS		
CITY-ST-ZIP	Arcadia, FL 34266		1.4 CITY-ST-ZIP		
TITLE	•	□ DELETE	2.1 TITLE	☐ Change ☐ Additio	
NAME			2.2 NAME	_	
STREET ADDRESS			2.3 STREET ADDRESS		
_CITY-ST-ZIP			2.4 CITY: ST: ZIP	<u>-</u>	
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 ☐ Additio	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additio	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change — Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

McKettrick

2/8/99

941-494-3108

Daytime Phone #