FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V11312** **(8)**

1. Corporation Name
CANTERBURY CARRIAGES, INC.

Principal Place of Business	Mailing Address
6204 INTERBAY BLVD. TAMPA FL 33611	6204 INTERBAY BLVD. TAMPA FL 33611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1992
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business
21: 18421 Dorman Rd
22: Suite, Apt. #, etc.
23: City & State: Lithia Fl
24: Zip: 33547 25: County: Hills.

2a. Mailing Address
26: 18421 Dorman Rd
27: Suite, Apt. #, etc.
28: City & State: Lithia
29: Zip: 33547 30: County: Hills

4. FEI Number: 59-3103057 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PITT, ROSEMARY
6204 INTERBAY BLVD
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name: Pitt, Rosemary
82 Street Address (P.O. Box Number is Not Acceptable): 18421 Dorman Rd.
83:
84 City: Lithia FL 85 Zip Code: 33547

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PT	☒ Change ☐ Addition
NAME	PITT, ROSEMARY	12 NAME	Pitt, Rosemary	
STREET ADDRESS	6204 INTERBAY BLVD	13 STREET ADDRESS	18421 Dorman Rd	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Lithia Fl 33547-1711	
TITLE	VPS	21 TITLE	VPS	☒ Change ☐ Addition
NAME	LEONARD, GRAVES D	22 NAME	Leonard, Graves D	
STREET ADDRESS	13400 RUSTIC PINES BLVD	23 STREET ADDRESS	18421 Dorman Rd	
CITY-ST-ZIP	SEMINOLE FL	24 CITY-ST-ZIP	Lithia Fl 33547-1711	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 119.07(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 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 addition.

SIGNATURE: Rosemary Pitt Rosemary Pitt 4-28-95 (813) 837-9717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0284843 CP