

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 240928

Entity Name: CARTER & VERPLANCK, INC.**Current Principal Place of Business:**4910 W. CYPRESS STREET
TAMPA, FL 33607**Current Mailing Address:**4910 W CYPRESS ST.
TAMPA, FL 33607 US**FEI Number:** 59-0913697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIBANI, SAADE M
4910 W. CYPRESS STREET
TAMPA, FL 33607 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------------|
| Title | PRESIDENT, SECRETARY |
| Name | WALKER, KENNETH CIII |
| Address | 4910 W. CYPRESS STREET |
| City-State-Zip: | TAMPA FL 33607 |

| | |
|-----------------|------------------------|
| Title | CEO, TREASURER |
| Name | CHIBANI, SAADE M. |
| Address | 4910 W. CYPRESS STREET |
| City-State-Zip: | TAMPA FL 33607 |

| | |
|-----------------|------------------------|
| Title | VP |
| Name | HARTWIG, DAVID |
| Address | 4910 W. CYPRESS STREET |
| City-State-Zip: | TAMPA FL 33607 |

| | |
|-----------------|---|
| Title | CONTROLLER, ASSISTANT VICE PRESIDENT |
| Name | WELDON, CHRISTINA L |
| Address | 4910 W. CYPRESS STREET |
| City-State-Zip: | TAMPA FL 33607 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA WELDON**CONTROLLER****04/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date