

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000094759

**Entity Name:** MAURY L. CARTER & ASSOCIATES, INC.

**FILED**  
**Sep 14, 2022**  
**Secretary of State**  
**3038089541CC**

**Current Principal Place of Business:**

3333 S ORANGE AVE  
SUITE 200  
ORLANDO, FL 32806-8500

**Current Mailing Address:**

PO BOX 568821  
ORLANDO, FL 32856-8821

**FEI Number: 59-3746690**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CARTER, DARYL M  
3333 S ORANGE AVE - SUITE 200  
ORLANDO, FL 32806-8500 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 PD  
Name CARTER, DARYL M  
Address 3333 S ORANGE AVE, SUITE 200  
City-State-Zip: ORLANDO FL 32806-8500

Title VP  
Name CARTER, MAURY L  
Address 3333 S ORANGE AVE, SUITE 200  
City-State-Zip: ORLANDO FL 32806-8500

Title ST  
Name WRAY, PAMELA L  
Address 3333 S ORANGE AVE, SUITE 200  
City-State-Zip: ORLANDO FL 32806-8500

Title VP  
Name MASON, G. PERRY IV  
Address 3333 S ORANGE AVE  
SUITE 200  
City-State-Zip: ORLANDO FL 32806-8500

*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: WRAY, PAMELA L**

**ST**

**09/14/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date