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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **141959** (7)
1. Corporation Name
R.W. CALDWELL INC.

Principal Place of Business Mailing Address
5201 GULFPORT BLVD. GULFPORT 7 FL 33707 **5201 GULFPORT BLVD. GULFPORT 7 FL 33707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/21/1943** 3a. Date of Last Report **02/28/1994**
4. FEI Number **59-0521896** 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**HORNSLETH, POUL
5201 GULFPORT BOULEVARD
GULFPORT FL 33707**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** es Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, R.W. JR.	1.2 NAME	
STREET ADDRESS	6814 FLAMINGO WAY S.	1.3 STREET ADDRESS	
CITY - ST - ZIP	GULFPORT FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, ADELE	2.2 NAME	
STREET ADDRESS	6814 FLAMINGO WAY S	2.3 STREET ADDRESS	
CITY - ST - ZIP	GULFPORT FL	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSLETH, APRIL CALDWEL	3.2 NAME	
STREET ADDRESS	2848 SKIMMER PT. DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GULFPORT FL	3.4 CITY - ST - ZIP	
TITLE	VDP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSLETH, POUL, JR	4.2 NAME	
STREET ADDRESS	2848 SKIMMER PT DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	GULFPORT FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplementary 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 or authorized 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: _____
Poul Hornsleth, Jr.

4. 28/95