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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 480222

(9)

1. Corporation Name

CALKINS-KRAMER INSURANCE INC.



Principal Place of Business

10261 FOURTH ST., N.
ST. PETERSBURG FL 33716-3809

Mailing Address

10261 FOURTH ST., N.
ST. PETERSBURG FL 33716-3809

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/08/1975

3a. Date of Last Report

04/30/1996

4. FEI Number

59-1607068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CALKINS, KEIFER .

STREET ADDRESS 1110 81ST ST. SO.

CITY-ST-ZIP ST. PETERSBURG FL.

TITLE ST ☒ DELETE

NAME KRAMER, BARON

STREET ADDRESS 4535 40TH ST SOUTH

CITY-ST-ZIP ST. PETERSBURG FL.

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDST ☒ Change ☐ Addition

1.2 NAME Keifer Calkins

1.3 STREET ADDRESS 10261 - 4th Street North

1.4 CITY-ST-ZIP St. Petersburg, FL 33716

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Kyle Calkins

2.3 STREET ADDRESS 10261 - 4th Street North

2.4 CITY-ST-ZIP St. Petersburg, FL

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Joanne Diotte

3.3 STREET ADDRESS 10261 - 4th Street North

3.4 CITY-ST-ZIP St. Petersburg, FL 33716

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Keifer Calkins

4/6/97 1812 537 9/10

CR2E034 (9/96)