

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90251 026 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000009994

1. Corporation Name

MERLIN CAL CALLAHAN ASSOCIATES, INC.

Principal Place of Business  
1630 OLD HIGHWAY 98, UNIT 1B  
DESTIN FL 32541

Mailing Address  
POST OFFICE BOX 1202  
DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

59-3425623

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 owes the current year tangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 607 Mountain Dr

2a. Mailing Address

26 POB 1202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Destin Florida

27 City & State

28 Destin Florida

23 32541 USA

29 32540

30 USA

24 Zip

25 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

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

(NOT Registered Agent signature required when reinstating)

DATE

4/18/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME CALLAHAN, MERLIN DUANE  
STREET ADDRESS 1630 OLD HIGHWAY 98, UNIT 1B  
CITY-ST-ZIP DESTIN FL 32541

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

607 Mountain Dr  
Destin FL 32541

☒ Change ☐ Addition

TITLE VSD ☐ DELETE

NAME CALLAHAN, LINDA K  
STREET ADDRESS 1630 OLD HIGHWAY 98, UNIT 1B  
CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

607 Mountain Dr  
Destin FL 32541

☒ Change ☐ Addition

TITLE VD ☐ DELETE

NAME CALLAHAN, CARY WILLIAM  
STREET ADDRESS 1630 OLD HIGHWAY 98, UNIT 1B  
CITY-ST-ZIP DESTIN FL 32541

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

270 meadowood Dr  
Roswell GA 30075

☒ Change ☐ Addition

TITLE VD ☐ DELETE

NAME CALLAHAN, BRENT DUANE  
STREET ADDRESS 1630 OLD HIGHWAY 98, UNIT 1B  
CITY-ST-ZIP DESTIN FL 32541

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

2329 Trenton Dr  
Canton GA 30115

☒ Change ☐ Addition

TITLE VD ☐ DELETE

NAME CALLAHAN, NELSON RAYMOND  
STREET ADDRESS 1630 OLD HIGHWAY 98, UNIT 1B  
CITY-ST-ZIP DESTIN FL 32541

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

270 meadowood Dr  
Roswell GA 30075

☒ Change ☐ Addition

TITLE VD ☐ DELETE

NAME CALLAHAN, CAL BARNETT  
STREET ADDRESS 1630 OLD HIGHWAY 98, UNIT 1B  
CITY-ST-ZIP DESTIN FL 32541

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

405 Chase Dr  
Fayetteville GA 30214

☒ Change ☐ Addition

14. I 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/99

850

650-3277

CR2E034 (11/98)