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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

A CANADA BARA CHECA DEBAG COME MARALANA DA DE BRANCO BERNE BERNE BERNE BERNE BERNE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H92208

(8)

CALLAHAN INVESTMENTS, INC.

Principal Place of Business Mailing Address					E TANDANES RELEG TREATE STREET WHICH WAS INSTITUTED IN	BRON OLDEL OLDEN DIGNY BRON DIDN BODL
118 E. 1ST AVE. CALLAHAN FL 32011 118 E. 1ST AVE. CALLAHAN FL 32011						
					3. Date Incorporated or Qualified 12/26/1985	3a. Date of Last Report 03/04/1996
2. Principal P	lace of Business	2a. Mailing Address		***************************************	4. FEI Number	Applied For
21		26		59-2626498	Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Country		Count	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
24	25	29	30	,	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No
	9. Name and Address of Current Registered Agent		1001	·····	10. Name and Address of New Reg	
BUP	RGESS, GRANVILLE C.		8	l Name		
303 CENTRE ST.			8:	Street A	ddress (P.O. Box Number is Not Acceptabl	۵)
	TE 200		"	0110017	duress (F.O. Box Nortiber is Not Acceptable	e ,
FER	NANDINA BEACH FL 32034		8:	3	***************************************	· · · · · · · · · · · · · · · · · · ·
			8-	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, Florida Statut	es, the abo	re-named c	orporation submits this statement for the pu	traces of changing its registered
ounce or t	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a	authorized t	ly the corpo	pration's board of directors. I hereby accept	t the appointment as registered
SIGNATURE						
	Sign if we typed to proted name of negistrical a		E Registered A	gent signature r	equired when reinstating)	DATE
12.		ND DIRECTORS	13.	······	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TITLE			Change
NAME	WRIGHT, WILIAM G.		1.2 NAME			
STREET ADDRESS	118 E 1 AVE		1.3 STRE	T ADDRESS		
CITY - ST - ZIP	CALLAHAN FL	Destre	1.4 CITY	ST-ZIP		
TITLE NAME	COOK, WILLIAM K.	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS	118 E 1 AVE		2.2 NAME	- 1		
City-SI-ZIP	CALLAHAN FL			T ADDRESS		
TILE	ST	DELETE 3.1		-ST-ZIP		Change Addition
NAME	COLEMAN, JAMES M.		3.2 NAME			Change Addition
STREET ADDRESS	118 E 1 AVE		B	T ADDRESS		
CITY-ST-ZIP	CALLAHAN FL		3.4 CITY			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	:		-
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-\$1-7F	- Control	***************************************	4.4 CITY	ST-ZIP		
LIPE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	}		
STREET ADDRESS			53 STREI	T ADDRESS		
CITY - \$1 - 712		Driete	5 4 CITY-	ST-ZIP		
TITLE NAME		L DELETE	6.1 TITLE			Change Addition
NAME Capter Actionne			6 2 NAME	1		
STREET ACIDRESS CITY: ST: ZiP				T ADDRESS		
14. I do heret	by certify that the information supplies	ed with this filing does not guali	64 CITY-	emption sta	ted in Section 119.07(3)(i), Florida Statutes	I further certify that the
intormatio Lam an of	n indicated on this annual report or	supplemental annual report is to or the receiver or trustee empow	rue and acc rered to exe	urate and t cute this re	hat my signature shall have the same legal port as required by Chapter 607, Florida St	affect as if made under eath, that I

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR