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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H82369

(0)

1. Corporation Name  
J.A. CALDWELL, INC.



Principal Place of Business  
711 UNIVERSITY DR  
CORAL SPRINGS FL 33071

Mailing Address  
711 UNIVERSITY DR  
CORAL SPRINGS FL 33071-7024

3. Date Incorporated or Qualified  
10/24/1985

3a. Date of Last Report  
02/26/1996

2. Principal Place of Business  
21 2812 N. UNIVERSITY DR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2812 N. UNIVERSITY DR  
Suite, Apt. #, etc.

4. FEI Number  
59-2598236  
Applied For  
Not Applicable

22 City & State  
23 CORAL SPRINGS FL

27 City & State  
28 CORAL SPRINGS FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip  
33065

29 Zip  
33065

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

25 Country

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALDWELL, JOSEPH  
2151 NE 27TH CT  
LIGHTHOUSE POINTE FL 33064

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	CALDWELL, JOSEPH	2151 NE 27TH CT	LIGHTHOUSE POINTE FL	<input type="checkbox"/>
V	CALDWELL, CHERYL	2151 NE 27TH CT	LIGHTHOUSE POINTE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-8-97

CR2E034 (9/96)