

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # H82369

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

Principal Place of Business  
2812 N UNIVERSITY DR  
CORAL SPRINGS FL 33065  
US

Mailing Address  
2812 N UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065  
US

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90001 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/24/1985

4. FEI Number  
59-2598236

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 Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 51239

Suite, Apt. #, etc.

22

City & State

23 Lighthouse Pointe FL

Zip

24 33074

Country

25

2a. Mailing Address

26 P.O. Box 51239

Suite, Apt. #, etc.

27

City & State

28 Lighthouse Pointe FL

Zip

29 33074

Country

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
NAME CALDWELL, JOSEPH  
STREET ADDRESS 2151 NE 27TH CT  
CITY-ST-ZIP LIGHTHOUSE POINTE FL

TITLE V ☐ DELETE

NAME CALDWELL, CHERYL  
STREET ADDRESS 2151 NE 27TH CT  
CITY-ST-ZIP LIGHTHOUSE POINTE 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 P ☒ Change ☐ Addition

1.2 NAME CALDWELL, JOSEPH

1.3 STREET ADDRESS P.O. Box 51239

1.4 CITY-ST-ZIP LIGHTHOUSE POINTE FL 33074

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME CALDWELL, CHERYL

2.3 STREET ADDRESS SAME AS ABOVE

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0162117

CR2F034 (11/98)