


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

FILED  
Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **152798** (5)  
1. Corporation Name  
**CALDWELL HOLDING CORP.**



Principal Place of Business 26496 CROFT LN ROLLING ACRES BROOKSVILLE FL 34602	Mailing Address 26496 CROFT LN ROLLING ACRES BROOKSVILLE FL 34602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6309 S. Queensway Dr Suite, Apt. #, etc.		2a. Mailing Address 26 6309 S. Queensway Dr Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/24/1947	
22 City & State 23 Tampa, FL		27 City & State 28 Tampa, FL		4. FEI Number 59-0576601	
24 Zip 33617		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CALDWELL, JOHN R. 26496 CROFT LANE BROOKSVILLE FL 34602				10. Name and Address of New Registered Agent 81 Name McGee, Susan 82 Street Address (P.O. Box Number is Not Acceptable) 6309 S. Queensway Dr 83 84 City Tampa FL 85 Zip Code 33617			
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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 Susan C. McGee DATE 1/18/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALDWELL, D W			1.2 NAME			
STREET ADDRESS	26496 CROFT LN			1.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALDWELL, JOHN R			2.2 NAME	Caldwell, John R		
STREET ADDRESS	26496 CROFT LN			2.3 STREET ADDRESS	6309 S. Queensway Dr		
CITY-ST-ZIP	BROOKSVILLE FL			2.4 CITY-ST-ZIP	Tampa, FL 33617		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, SUSAN			3.2 NAME	McGee, Susan		
STREET ADDRESS	26496 CROFT LN			3.3 STREET ADDRESS	6309 S. Queensway Dr		
CITY-ST-ZIP	BROOKSVILLE FL			3.4 CITY-ST-ZIP	Tampa, FL 33617		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Susan C. McGee DATE 1/18/98 (813) 988-3401

CR2E034 (10/97)