FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 332167 (6)CALADESI CONSTRUCTION CO. Principal Place of Business Mailing Address 8720 115TH AVENUE NORTH 8720 115TH AVENUE NORTH LARGO FL 34643 LARGO FL 34643 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-0667823 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 24 29 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HINRICHS, DONALD J 416 HARBORVIEW LN Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33770 83 84 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered sof, Section 607.0505, Florida Statutes. 11. Pursuant to the provisi-office or registered ac-agent, I am fairthar SIGNATURE (NOTE: Registered Agent signature required FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 T(7) F HINRICHS, DONALD J 1.2 NAME NAME **72E034** 416 HARBORVIEW LN STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition Addition 2.1 TITLE TITLE HINRICHS, NANCY G. 2.2 NAME NAME STREET ADDRESS 416 HARBORVIEW LN 2.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 2. 4 CITY-\$T-ZIP ☐ DELETE 3.1 TITLE Change ☐ Addition TITLE HINRICHS, KURT B 3.2 NAME NAME 1029 CHARLES STREET STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER FL 34615 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE __ Change Addition TITLE 4.1 TITLE HINRICHS, SCOTT 4. 2 NAME NAME STREET ADDRESS 309 CRESTWOOD LANE 4.3 STREET ADDRESS LARGO FL CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied indicated on this annual report or supplied

Change

by for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Addition