

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 361905 (3)
1. Corporation Name
CAL-ROB INC

Principal Place of Business	Mailing Address
400 E. TEN MILE ROAD PENSACOLA FL 32534	400 E. TEN MILE ROAD PENSACOLA FL 32534-0711

3. Date Incorporated or Qualified 03/27/1970	3a. Date of Last Report 03/11/1996
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2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.

4. FEI Number 59-1385686	Applied For
	Not Applicable

22	27
City & State	City & State

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

23	Zip	Country	28	Zip	Country
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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24	25	29	30
9. Name and Address of Current Registered Agent			

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

JACKSON, C E 400 E. TEN MILE ROAD PENSACOLA FL 32514	81	Name
	82	Street Address
	83	
	84	City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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:

5. The following are the names of the persons who have been appointed and the date of appointment:

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JACKSON, C E	
STREET ADDRESS	400 E. TEN MILE ROAD	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIVIANO, SAM	
STREET ADDRESS	326 S. PALAFOX ST.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JACKSON, SUE H	
STREET ADDRESS	400 E. TEN MILE ROAD	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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; 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: C.E. JACKSON C.E. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

477-2636

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Sectional Phone ()

0487213

CR2E034 (9/96)