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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 397630

1. Corporation Name
CALVIN'S HEAVY EQUIPMENT, INC



Principal Place of Business
 1741 N. SHERMAN AVENUE
 PANAMA CITY FL 32405

Mailing Address
 1741 N. SHERMAN AVENUE
 PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
03/17/1972

4. FEI Number
59-1383985

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country
 Bay

29 Zip Country
 Bay

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEGHORN, CALVIN R SR
1741 N SHERMAN AVE
PANAMA CITY FL 32405

81 Name
CALVIN R. CLEGHORN, JR

82 Street Address (P.O. Box Number is Not Acceptable)
8811 S. McCann Rd

83

84 City **Southport, FL** 85 Zip Code **32409**

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 *Calvin R. Cleghorn* **Calvin R. Cleghorn, JR, P/T** **1/19/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE **PT** DELETE
 NAME **CLEGHORN, CALVIN R. (SR.)**
 STREET ADDRESS **2808 KINGS RD**
 CITY-ST-ZIP **PANAMA CITY, FL 00000 32405**

1.1 TITLE **PT** Change Addition
 1.2 NAME **Calvin R. Cleghorn, JR**
 1.3 STREET ADDRESS **8811 S. McCann Rd**
 1.4 CITY-ST-ZIP **Southport, FL 32409**

TITLE **VS** DELETE
 NAME **CLEGHORN, CALVIN R. (JR.)**
 STREET ADDRESS **8811 S. MCCANN RD.**
 CITY-ST-ZIP **PANAMA CITY, FL 00000 32409**

2.1 TITLE **V/S** Change Addition
 2.2 NAME **Laurie S. Cleghorn**
 2.3 STREET ADDRESS **8811 S. McCann Rd**
 2.4 CITY-ST-ZIP **Southport, FL 32409**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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: *Calvin R. Cleghorn* **Calvin R. Cleghorn, JR, PT** **1/19/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)