

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 27 AM 8:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 646656 (9)

**1. Corporation Name
CALVERT MANUFACTURING, INC.**

**Principal Place of Business Mailing Address
171 CHARLOTTE ST 171 CHARLOTTE ST
LONGWOOD FL 32750 LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1979 3a. Date of Last Report 04/27/1994

**2. Principal Place of Business 2a. Mailing Address
21 245 North St. 25 245 North St.**

4. FEI Number 59-2021867 Applied For Not Applicable

**Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27**

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

**City & State City & State
23 Longwood, FL 28 Longwood, FL**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

**7a. Zip 7b. County 7c. Zip 7d. County
24 32750 25 Seminole 29 32750 30 Seminole**

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

**9. Name and Address of Current Registered Agent
ROLLINS, ALBERT A J
171 CHARLOTTE ST
LONGWOOD FL 32750**

**10. Name and Address of New Registered Agent
81 Name Albert A. Rollins Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 245 North St.
83
84 City Longwood FL 85 Zip Code 32750**

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	
TITLE	V FELTHAM, WAYNE
NAME	300 REID COURT
STREET ADDRESS	SANFORD FL
CITY - ST - ZIP	
TITLE	P CALVERT, H B
NAME	200 WILBURTON DRIVE
STREET ADDRESS	DELTONA FL
CITY - ST - ZIP	
TITLE	VT GALLAGHER, FRED J
NAME	48 HACIENDA VILLAGE
STREET ADDRESS	WINTER SPRIGS FL
CITY - ST - ZIP	
TITLE	S ROLLINS, ALBERT A J
NAME	6008 ROBINHOOD CT
STREET ADDRESS	MAITLAND FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	P Harry B. Calvert
23 STREET ADDRESS	2616 Sunset Dr.
24 CITY - ST - ZIP	New Smyrna Beach, FL 32168
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	S Albert A. Rollins Jr.
43 STREET ADDRESS	600 B Robinhood Ct.
44 CITY - ST - ZIP	Maitland, FL 32751
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or as an attachment with an address.

SIGNATURE: Albert A. Rollins Jr. 4/21/95 707-331-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)