

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 646656 (9)
1. Corporation Name
CALVERT MANUFACTURING, INC.



Principal Place of Business: **245 NORTH ST LONGWOOD FL 32750 US**
Mailing Address: **245 NORTH ST LONGWOOD FL 32750 US**

3. Date Incorporated or Qualified: **11/27/1979**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2021867**
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**ROLLINS, ALBERT A JR
245 NORTH ST
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 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

Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	FELTHAM, WAYNE
STREET ADDRESS	300 REID COURT
CITY-ST-ZIP	SANFORD FL
TITLE	P <input type="checkbox"/> DELETE
NAME	CALVERT, HARRY B
STREET ADDRESS	2616 SUNSET DR
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	GALLAGHER, FRED J
STREET ADDRESS	48 HACIENDA VILLAGE
CITY-ST-ZIP	WINTER SPRIGS FL
TITLE	S <input type="checkbox"/> DELETE
NAME	ROLLINS, ALBERT A JR
STREET ADDRESS	600 B ROBINHOOD CT
CITY-ST-ZIP	MAITLAND FL
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 checked="" type="checkbox"/> Addition
1.2 NAME	D Allan W. McClure
1.3 STREET ADDRESS	P.O. Box 443
1.4 CITY-ST-ZIP	Dsteen, FL 32764
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	900001840009
5.3 STREET ADDRESS	-05/28/96--01017--009
5.4 CITY-ST-ZIP	***200.00
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Albert A. Rollins Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert A. Rollins Jr.
Corp Secretary
Date: **4/19/96** 407-331-5522
Daytime Phone #

CR2E034 (12/95)