## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT <b>1997</b>		Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
	MENT # 6466	` '		•				
CALVER	T MANUFACTURING,	INC:						
Principal Place 245 NORTH \$1 LONGWOOD FI US	Г	Mailing Address 245 NORTH ST LONGWOOD FL 32750-763 US	245 NORTH ST LONGWOOD FL 32750-7636		T INDVICE BANK GLOSS OLUHA ONAH BANKO STILL BASKI BIDIL BIDIL BASKI BIBIL 1981			
						3. Date incorporated or Qualified 11/27/1979	3a. Date of Last R 05/01/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-2021867	Ap	oplied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 / Fee Re	Additional
City & State	D	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be
23   Zip 24				ntry				
24		Current Registered Agent				10. Name and Address of New Re		
	LINS, ALBERT A JR		['	81 1	Name			
	North St IGWOOD FL 32750		Ī	82 5	Street Add	fress (P.O. Box Number is Not Acceptat	ole)	
LON	1011000 FL 32/30		h	83		·		
			-	84 (	City		- 85 Zip (	Code
			-		•		FL	
11. Pursuant to office or re	to the provisions of Sections 6 egistered agent, or both, in th	i07.0502 and 607.1508, Florida Statute e State of Florida. Such change was a	es, the ab- authorized	ove-n I by th	amed cor ne corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing it at the appointment as	s registered registered
agent. Lai	m familiar with, and accept th	e obligations of, Section 607.0506, Flo	orida Statu	ites.				ŀ
SIGNATURE	Signature, typed or printed name of tugi-	tered agent and the if applicable (NOT)	E: Registered	Agent	signature requ	uired when reinstating)	DATE	
12.	OFFICE	RS AND DIRECTORS	13.		······	ADDITIONS/CHANGES TO OFFIC		
TITLE	V	☐ DELETE	1.1 ((1)				Change	Addition
NAME	FELTHAM, WAYNE 300 REID COURT		1.2 NAM	_				
STREET ADORESS	SANFORD FL		1	REET AD	1			
CITY-SI-ZIP TITLE	D D	DELETE	1.4 CIT 2.1 TITI		(IP		☐ Change	Addition
NAME	CALVERT, HARRY B		2.2 NA				<u> </u>	
STREET ADDRESS	2616 SUNSET DR		2.3 STP		DRESS			
CITY- ST-ZIP	NEW SMYRNA BEACH	FL	2.4 CI	TY-ST-	ZIP			
TITLE	VT	DELETE	3.1 TITE	LE			Change	Addition
NAME	GALLAGHER, FRED J		3 2 NAJ	ME				
STREET ADDRESS	48 HACIENDA VILLAGE		3 3 STF	REET AD	ORESS			
CITY- S1-ZIP	WINTER SPRIGS FL	Dr. Fre	3.4. CIT		ZIP		[ Abarra	A Addition
TITLE	S   Rollins, Albert A JF	DELETE	4.1 111				Change	Addition
NAME STREET ADDRESS	600 B ROBINHOOD CT		4. 2 NA	reet ad	DRESS			
CITY-ST-ZIP	MAITLAND FL			Y-\$T-	- 1			
TITLE	D	DELETE	5.1 TIT				Change	Addition
NAME	MCCLURE, ALLAN W		5.2 NA	ME				
STREET ADDRESS	P.O. BOX 443 N/A		5.3 STF	REET AC	DRESS			
CITY-ST-ZIP	OSTEEN FL 32764			Y-\$1-	ZIP			
TITLE		DELETE	6.1 111				☐ Change	Addition
NAME			6.2 NA					
STREET ADDRESS			6.3 ST	REET AL	IURES\$			

6.4 CITY-ST-ZIP

14. Lo 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 chapter 607, and attachment with an appears.

SIGNATURE:

**FILED** 

Feb 06 1997 8:00am