

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90029 020 \*\*\*158.75

DOCUMENT # **663562**

1. Corporation Name

**CALDERA CORPORATION**

Principal Place of Business

435 SEABREEZE AVE  
435  
DAYTONA BEACH FL 32118  
US

Mailing Address

57 WEST 200 SOUTH  
SUITE 310  
SALT LAKE CITY UT 84101  
US

2. Principal Place of Business

21 **3156 E. Old Mill Circle**

Suite, Apt. #, etc.

22 City & State

23 **Salt Lake City, UT**

Zip

Country

24 **84121**

25

2a. Mailing Address

26 **Same as Above**

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COOK, RICHARD R**  
**618 W. NEW YORK AVE**  
**DELAND FL 32720**

3. Date Incorporated or Qualified

**01/08/1980**

4. FEI Number

**59-2198910**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **THAYER, DONALD S**  
CITY-ST-ZIP **6 FOUNTAINEBLEAU CIRCLE**  
**DAYTONA BEACH FL**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **THUMSER, J. ALLEN**  
CITY-ST-ZIP **3855 S. ATLANTIC AVE. STE 306**  
**DAYTONA BEACH FL**

TITLE ☐ DELETE  
NAME **CPD**  
STREET ADDRESS **COOK, RICHARD R**  
CITY-ST-ZIP **2253 RIVER RIDGE ROAD**  
**DELAND FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C.E.O.** ☒ Change ☐ Addition  
1.2 NAME **Berrett, Radd C.**  
1.3 STREET ADDRESS **3156 E. Old Mill Circle**  
1.4 CITY-ST-ZIP **Salt Lake City, UT 84121**

2.1 TITLE **C.F.O.** ☒ Change ☐ Addition  
2.2 NAME **Ford, Richard**  
2.3 STREET ADDRESS **10584 S. 700 E. Suite 228**  
2.4 CITY-ST-ZIP **Sandy, UT 84070**

3.1 TITLE **Director** ☒ Change ☐ Addition  
3.2 NAME **Hildebrand, Jeanie**  
3.3 STREET ADDRESS **3187 S. Higbee Circle**  
3.4 CITY-ST-ZIP **West Valley City, UT 84119**

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CFO 3/17/99 801/694-0290**

CR2E034 (11/98)