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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **689680** **(7)**

1. Corporation Name
CALHOUN & DONNELLY, P.A.

Principal Place of Business	Mailing Address
1730 SW 1ST AVENUE OCALA FL 34474-5123	1730 SW 1ST AVENUE OCALA FL 34474-5170

3. Date Incorporated or Qualified: **09/30/1980**
3a. Date of Last Report: **05/15/1996**

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

4. FEI Number: **59-2025380** ☐ 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

9. Name and Address of Current Registered Agent

LAMBERT, BEVERLY A
7 E SILVER SPRINGS BLVD,STE700
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name: COOPER, MICHAEL J
82 Street Address (P.O. Box Number is Not Acceptable): 321 NW 3rd AVENUE
83
84 City: OCALA, **FL** 85 Zip Code: 34470

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: Michael J Cooper — 03/18/97
Signature, type or print name of registered agent and the date of signing (NOTE: Registered agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DONNELLY, KEVIN M		1.2 NAME		
STREET ADDRESS	10400 NE 29TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ANTHONY, FL 00000		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CALHOUN, F KEVIN		2.2 NAME		
STREET ADDRESS	1761 SE 38TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CALHOUN, F KEVIN		3.2 NAME		
STREET ADDRESS	1761 SE 38TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Kevin M Donnelly 3/18/97 352-629-4509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #