

1-17 97 B. 0335 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852774 (9)
1. Corporation Name
CAL ENTERPRISES, INC.

Principal Place of Business

420 FLORIDA AVE.
P.O. BOX 447
CRESCENT CITY FL 32112

Mailing Address

420 FLORIDA AVE.
P.O. BOX 447
CRESCENT CITY FL 32112-0447

3. Date Incorporated or Qualified
05/04/1982

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 806 CAREY DRIVE

Suite, Apt. #, etc.

22 S. DAYTONA

City & State

23 FL.

Zip

24 32119

Country

25 USA

2a. Mailing Address

26 P.O. Box 9004

Suite, Apt. #, etc.

27 DAYTONA BEACH FL.

City & State

28

Zip

29 32120

Country

30 USA

4. FEI Number

59-2496734

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

LLOYD, CARVELL A.
420 FLORIDA AVENUE
CRESCENT CITY FL 32012

10. Name and Address of New Registered Agent

81 Name

82 LLOYD, CARVELL A.

83 Street Address (P.O. Box Number is Not Acceptable)

84 806 CAREY DRIVE

85

City

S. DAYTONA

FL

85 Zip Code

32119

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



(C.A. LLOYD)

JAN 8, 1997

DATE

12. OFFICERS AND DIRECTORS


TITLE	PD	<input type="checkbox"/> DELETE
NAME	LLOYD, CARVELL A.	
STREET ADDRESS	420 FLORIDA AVENUE	
CITY - ST - ZIP	CRESCENT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 applicable) or on an attachment with an address.

SIGNATURE:

 C.A. LLOYD

JAN 8/97

904-322-7799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0026120

CR2E034 (9/96)