

3-16-98 B. 3335 -NC  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000586 (8)

1. Corporation Name:  
CALVIN CORPORATION

Principal Place of Business

1501 ROBERT J CONLAN BLVD  
PALM BAY FL 32905

Mailing Address

1501 ROBERT J CONLAN BLVD  
PALM BAY FL 32905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1993	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 34-6525770	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CALVIN, TIMOTHY D 1501 ROBERT J CONLAN BLVD PALM BAY FL 32905				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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
CPT	CALVIN, TIMOTHY D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4132 GREEN OAK DR		1.3 STREET ADDRESS	
MELBOURNE FL 32901		1.4 CITY-ST-ZIP	
DS	CALVIN, TIMOTHY D JR	2.1 TITLE	
6401 PAINESVILLE/WARREN RD		2.2 NAME	
PAINESVILLE OH 44077		2.3 STREET ADDRESS	
D	CALVIN, CHRISTOPHER B	2.4 CITY-ST-ZIP	
22 SHALLOW CREEK COURT		3.1 TITLE	
FOUNTAIN INN SC		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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.

SIGNATURE:

*Timothy D Calvin*  
TIMOTHY D CALVIN

3/16/98  
PRESIDENT 407 722 0749

CP2E034 (10/97)