

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

FILED
Feb 12 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 # **F93000000980 (3)**

1. Corporation Name
CALUMET FLORIDA, INC.

Principal Place of Business

**1800 SMITH ST
STE/ 1500
HOUSTON TX 77002
US**

Mailing Address

**1800 SMITH ST.
STE 1500
HOUSTON TX 77002
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/22/1993

4. FEI Number
35-1880416

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	PD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, GREG L	
STREET ADDRESS	1600 SMITH STREET, SUITE 1500	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYNARD, GREGG R	
STREET ADDRESS	1600 SMITH ST - SUITE 1500	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PATTERSON, MICHAEL R	
STREET ADDRESS	1600 SMITH STREET, SUITE 1500	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCARROLL, G.M.	
STREET ADDRESS	1600 SMITH STREET, SUITE 1500	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KRAMER, PHILLIP D	
STREET ADDRESS	1600 SMITH STREET, SUITE 1500	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITAKER, MICHAEL K	
STREET ADDRESS	1600 SMITH STREET	
CITY-ST-ZIP	HOUSTON TX 77002	

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 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: *Cindy Freebeck, Controller*

1-7-98 713/654-1414

CR2E034 (10/97)