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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90071 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000980

1. Corporation Name
CALUMET FLORIDA, INC.

Principal Place of Business

1600 SMITH ST
STE/ 1500
HOUSTON TX 77002
US

Mailing Address

1600 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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 500 Dallas, Ste. 700

Suite, Apt. #, etc.

22

City & State

23 Houston, Texas

Zip

24 77002

Country

25

2a. Mailing Address

26 500 Dallas, Ste. 700

Suite, Apt. #, etc.

27

City & State

28 Houston, Texas

Zip

29 77002

Country

30

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500 Dallas, Ste. 700
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	500 Dallas, Ste. 700
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	500 Dallas, Ste. 700
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	500 Dallas, Ste. 700
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, with all other like empowered.

SIGNATURE:

Signature of Michael K Whitaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael K Whitaker
TREASURER

Date

713/654-1414
Daytime Phone #

CR2E034 (11/98)