

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

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>G58572</i> 1. Corporation Name <i>A.W. CALDWELL CORPORATION</i>			
Principal Place of Business: <i>1099 MUIRFIELD CT.</i> <i>TARPOON SPRING, FL 34689</i>		Mailing Address: Same as Principal Place of Business	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<i>SEP 7 8, 1983</i>	
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	<i>59-2342010</i>	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
	30. Country	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
<i>ANDREW W. CALDWELL</i> <i>1099 MUIRFIELD CT.</i> <i>TARPOON SPRINGS, FL 34689</i>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	85. Zip Code
		<i>FL</i>	
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. (am I am with, and accept the obligations of, Section 607.0505, Florida Statutes.)			
SIGNATURE _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE ☐ DELETE <i>PRESIDENT</i> 1.2 NAME <i>ANDREW W CALDWELL</i> 1.3 STREET ADDRESS <i>1099 MUIRFIELD CT.</i> 1.4 CITY-ST-ZIP <i>TARPOON SPRING FL 34689</i>		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ 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 contained 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.		300002135083 -04/07/97--01003--030 ***165.00 <i>OK</i>	
SIGNATURE: <i>Andrew W. Caldwell</i>		Date: <i>4-1-97</i> Daytime Phone: <i>813 934 5295</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)