

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

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Secretary of State

03-09-1999 90002 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H92208

1. Corporation Name
CALLAHAN INVESTMENTS, INC.



Principal Place of Business: 118 E. 1ST AVE. CALLAHAN FL 32011
 Mailing Address: 118 E. 1ST AVE. CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1985
 4. FEI Number: 59-2626498 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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Callahan, Florida
 Suite, Apt. #, etc.: 22 P.O. Box 87
 City & State: 23
 Zip: 24 32011 Country: 25 USA
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27 Callahan Florida
 City & State: 28
 Zip: 29 32011 Country: 30

9. Name and Address of Current Registered Agent: BURGESS, GRANVILLE C. 303 CENTRE ST. SUITE 200 FERNANDINA BEACH FL 32034
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WILLIAM G.	1.2 NAME	
STREET ADDRESS	118 E 1 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, WILLIAM K.	2.2 NAME	
STREET ADDRESS	118 E 1 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JAMES M.	3.2 NAME	
STREET ADDRESS	118 E 1 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] DATE: 2/22/99 DAYTIME PHONE #: 904-879-3702

CR2E034 (1/98)