FILE NOW: FILING FEE AFTER MAY 1 ... PAID

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J60960** (8)

1. Corporation Name

TRUMAN ANNEX HOLDING COMPANY

Principal Place of Business

FRONT & GREENE STREET
P.O. BOX 4132
KEY WEST FL 33041

Mailing Address

FRONT & GREENE STREET
P.O. BOX 4132
KEY WEST FL 33041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1724518 — 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business — 21 — 22 Suite, Apt. # etc. — 23 City & State — 24 Zip — 25 Country
2a. Mailing Address — 26 — 27 Suite, Apt. # etc. — 28 City & State — 29 Zip — 30 Country

9. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST
KEY WEST FL 33040

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SINGH, PRITAM
STREET ADDRESS	FRONT & GREENE ST
CITY-ST-ZIP	KEY WEST FL
TITLE	S
NAME	CREATH, JACQUELINE
STREET ADDRESS	FRONT & GREENE ST
CITY-ST-ZIP	KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(blank — [ ] Change [ ] Addition)

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: *Jacqueline E. Creath, Secretary* 4/28/95 305-296-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0117025 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] PM 1:02

[illegible] FLORIDA

DOCUMENT # **J61319** **(6)**

1. Corporation Name
CALVIN B., INC.

Principal Place of Business	Mailing Address
4600 46TH AVENUE P.O. BOX 276 CORTEZ FL 34215	4600 46TH AVENUE P.O. BOX 276 CORTEZ FL 34215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/05/1987	3a. Date of Last Report 04/21/1994
4. FEI Number 65-0026480	☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or 22	Suite, Apt. # or 27
City & State 23	City & State 28
Zip 24	County 25
Zip 29	County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHULTZ, MARY FRANCES 1101 9TH AVENUE WEST BRADENTON FL 34205	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 Section 607.0502 and/or 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

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
31	P	☐ Change ☐ Addition
NAME	BELL, WALTER T.	32 NAME
STREET ADDRESS	12115-45TH AVE.,W.	33 STREET ADDRESS
CITY-ST-ZIP	CORTEZ FL	34 CITY-ST-ZIP
35	V	☐ Change ☐ Addition
NAME	BELL, CALVIN E.	36 NAME
STREET ADDRESS	12115-45TH AVE.,W.	37 STREET ADDRESS
CITY-ST-ZIP	CORTEZ FL	38 CITY-ST-ZIP
39	ST	☐ Change ☐ Addition
NAME	BELL, CARL D.	40 NAME
STREET ADDRESS	6708-50TH AVE., W.	41 STREET ADDRESS
CITY-ST-ZIP	BRADENTON FL	42 CITY-ST-ZIP
43		☐ Change ☐ Addition
NAME		44 NAME
STREET ADDRESS		45 STREET ADDRESS
CITY-ST-ZIP		46 CITY-ST-ZIP
47		☐ Change ☐ Addition
NAME		48 NAME
STREET ADDRESS		49 STREET ADDRESS
CITY-ST-ZIP		50 CITY-ST-ZIP
51		☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 1, or Block 11 if changed, or on any attachment with an address.

SIGNATURE: [signature] 4-28-95 813 794 1249

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON BEHALF OF CORPORATION OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER T BELL

0347843 CP