

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J71954** (8)

1. Corporation Name

CALHOUN & TURNER, P.A.

Principal Place of Business

Mailing Address

% GARY E. CALHOUN
8080 N. 56TH ST.
TAMPA FL 33617

% GARY E. CALHOUN
8080 N. 56TH ST.
TAMPA FL 33617



3. Date Incorporated or Qualified

05/07/1987

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **12408 N. 56th Street**

26 **12408 N. 56th Street**

4. FEI Number

59-2808681

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

23 **Tampa, Florida**

28 **Tampa, Florida**

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33617**

25 **Hillsborough**

29 **33617**

30 **Hillsborough**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALHOUN, GARY E.
8080 N. 56TH ST.
TAMPA FL 33617

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
12408 N. 56th Street

83

84 City
Tampa

FL

85 Zip Code
33617

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 ☐ DELETE

NAME
PD CALHOUN, GARY E.
STREET ADDRESS
8080 N 56TH ST
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
STD TURNER, SUSAN A.
STREET ADDRESS
8080 N 56TH ST
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change: ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
12408 N. 56th Street
1.4 CITY-ST-ZIP
Tampa, FL 33617

2.1 TITLE ☒ Change: ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
12408 N. 56th Street
2.4 CITY-ST-ZIP
Tampa, FL 33617

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 do 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)(k), 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:

Susan A. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/96 813/989-0489
Lasttime Phone #

CR2E034 (12/95)