

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M93645** (3)
1. Corporation Name
CAL-FLORA, INC.



Principal Place of Business
**P.O. BOX 651
SAN ANTONIO FL 33576**

Mailing Address
**P.O. BOX 651
SAN ANTONIO FL 33576**

3. Date Incorporated or Qualified **08/10/1988** 3a. Date of Last Report **04/04/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2903536		Applied For ☐ Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

**MCCLAIN, JOE A.
402 EAST CHURCH AVENUE
DADE CITY FL 33525**

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 *Robert F Bardin Jr Pres* *Robert F Bardin* **4-9-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS BARDIN, ROBERT F.	1.1 TITLE	Bardin Robert F
NAME	S MAY 677	1.2 NAME	14615 Ramsy Rd
STREET ADDRESS	SAN ANTONIO FL 33576	1.3 STREET ADDRESS	Dade City Fla 33525
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PS Robert Bardin	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PS Bardin Robert F	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS	14615 Ramsy Rd	3.3 STREET ADDRESS	
CITY-ST-ZIP	Dade City Fla 33525	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert F Bardin Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 **352-562-3008**
Date Daytime Phone #

CR2E034 (12/95)