

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Murtyam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 30 AM 9:17

DOCUMENT # P08651 (2)

1. Corporation Name
CAULKINS COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001504106
-06/02/95--01008--016
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|--|--|--|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 15950 S.W. WARFIELD BLVD. P.O. BOX 458 INDIANTOWN FL 34956 | | 15950 S.W. WARFIELD BLVD. P.O. BOX 458 INDIANTOWN FL 34956 | | 01/07/1986 | | 05/01/1994 | |
| 21. 1600 Broadway, | | 26. 1600 Broadway, | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 84-0894021 | | Not Applicable | |
| 22. Suite 1400 | | 27. Suite 1400 | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | <input type="checkbox"/> | | | |
| 23. | | 28. Denver, CO | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 24. ZIP 80202 | | 25. U.S.A. | | 29. 80202 | | 30. U.S.A. | |
| 24. ZIP 80202 | | 25. U.S.A. | | 29. 80202 | | 30. U.S.A. | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CAULKINS, GEORGE P., JR. 15950 S.W. WARFIELD BLVD. P.O. BOX 458 INDIANTOWN FL 33456 | | | | 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 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office & 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 607.0604, Florida Statutes.

SIGNATURE _____ DATE _____

| | | | |
|----------------------------|--------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PTD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAULKINS, GEORGE P., JR. | 1.2 NAME | |
| STREET ADDRESS | 1600 BROADWAY, STE. 2100 | 1.3 STREET ADDRESS | 1600 Broadway, Ste. 1400 |
| CITY, ST, ZIP | DENVER CO | 1.4 CITY, ST, ZIP | Denver, Co 80202 |
| TITLE | S | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASI, CAROLYN | 2.2 NAME | |
| STREET ADDRESS | 1600 BROADWAY, STE. 2100 | 2.3 STREET ADDRESS | 1600 Broadway, Ste. 1400 |
| CITY, ST, ZIP | DENVER CO | 2.4 CITY, ST, ZIP | Denver, CO 80202 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 3.4 CITY, ST, ZIP | |
| TITLE | | 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 | | 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 | | 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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(4)(b), Florida Statutes. I further certify that the information included 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 of this report or on an attachment with an address.

SIGNATURE: *Carolyn M. Masi Corp. Secretary* 5-15-95 303-861-4230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR