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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30659

- Corporation Name

CAL-J & COMPANY, LTD.

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90119 024 ***150.00



Principal Place of Business Mailing Address 39 HWY 93 E P.O. BOX 629 DESTIN FL 32514 PELAHATCHIE MS 39145 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 09/05/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 64-0790210 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 Personal Property Tax. 29 30 X Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET TALLAHASSEE FL 32301 83 84 City Zip Code 85 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition LINDSAY, CHARLES A. NAME 1.2 NAME 208 S. BROOK STREET STREET ADORESS 1.3 STREET ADDRESS PELAHATCHIE MS CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE TITLE VTD Addition 2.1 TITLE Change LINDSAY, JOYCE R. 22 NAME 208 S. BROOK STREET STREET ADDRESS 2.3 STREET ADDRESS PELAHATCHIE MS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME OWEN, CHERYL 3.2 NAME 137 RUSSET HILL DR STREET ADDRESS 3.3 STREET ADDRESS **BIRMINGHAM AL** CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change Addition LINDSAY, CHERYL M. 4. 2 NAME STREET ADDRESS 208 S. BROOK STREET 4.3 STREET ADDRESS PELAHATCHIE MS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 comporation 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 changes, or or an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-28-99 6018548782

CR2E034 (11/98)