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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000039995 (4)

MACCALLUM ENTERPRISES, INC.

Principal Place	e of Business
209 N CITRUS	

Mailing Address

200 ALCITRUS AVE

## **FILED** May 12 1997 8:00am Secretary of State



INVERNESS FL		INVERNESS FL 34450-4105							
						s. Date Incorporated or Qualified 06/07/1993		ate of Last Re 01/1996	port
2. Principal Pia	ace of Business	2a. Mailing Address				4. FEI Number		Ap	olied For
21		26				59-3 189993			Applicable
Suite, Apt. #	r, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 A Fee Re	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> Added to	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i	ntangible		
24	25	29	30			Florida Statutes	Yes [	No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered	Agent	
MAC	CALLUM, ROGER A			81	Name				
209	N CITRUS AVE			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	RNESS FL 34453			-	Oll Coll Aid	argos (1.0. pox resimbol to tree proception			
				83					
				84	City		<u> </u>	<b>85</b> Zip C	ode
				<u> </u>	<u></u>	prporation submits this statement for the p	FL	•   1	
office or reagent. Lar	ogistered agent, or both, in the State in familiar with, and accept the obliga	of Florida Such change was ations of, Section 607.0505, F	authorize forida Stat	d by lutes	the corpor	ation's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE.	Stgrature, typed or printed narrie of registered ago	nt and title it applicable (NO	TE Registere	d Age	nt signature rec	quired when reinstating)	DATE		
12.	OFFICERS AN		13.		·	ADDITIONS/CHANGES TO OFFIC	ERS AN		
TOLE	\$	DELETE	1.1 TI	TLE				☐ Change	Addition
NAME	MACCALLUM, MELISSA L		1.2 N	AME					
STREET ADDRESS	1786 BORDER AVE.		1.3 \$	TREET	ADDRESS				
CITY - ST - ZIII	INVERNESS FL		1.4 C	TY-S	ST-ZIP				
tare	D	☐ DĒLĒTĒ	2.1 TI	TLE		er traja	· hage	Change	Addition
NAME	MACCALLUM, JUDY M		2.2 N	AME					
STREET ADDRESS	1786 BORDER AVE		2.3 \$	TREET	ADDRESS				
CITY - S1 - ZIP	INVERNESS FL 34453			****	ST-ZIP			AL	1.4470
THILE		DELETE	3.1 Ti					Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TAEET	ADDRESS				
CITY - ST - ZIP					ST-ZIP			Change	Addition
THLE		DELETE	4.1 10					Change	( Audilio:1
NAME			4. 2 N						
STREET ADDRESS			•		ADDRESS				
CITY - ST - ZIP		Detress			ST-ZIP			Change	Addition
TITLE		☐ DELETE	511		ŀ			T) Olialide	tim vonition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
Citir - ST - ZIP		DELETE			ST-ZIP			Change	Addition
TITLE		☐ btreit	6.1 (					- Johange	
NAME			6.2 N						
STREET ADDRESS					T ADDRESS				
City-St-ZiF	and the information or all	d with this filing does not are			ST-ZiP	ted in Section 119.07(3)(i), Florida Statute	e   furthe	or certify that	the
informatio Lam an of	n indicated on this annual report or s	supplemental annual report is rithe receiver or trustee empo	true and wered to	acci	urate and th	nat my signature shall have the same leg- port as required by Chapter 607, Florida S	al effect a	is if made uni	der oath; ina