

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000059544 (5)

1. Corporation Name
EXCAL, INC.



Principal Place of Business

10695 ULMERTON RD
LARGO FL 34641
US

Mailing Address

10695 ULMERTON RD
LARGO FL 33771-3527
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent
WILLIAMSON, ELAINE S
521 PLOVER PL
PALM HARBOR FL 34683

2a. Mailing Address

26 27 State, Apt. #, etc.

28 City & State

29 30 Zip Country

3. Date Incorporated or Qualified
08/25/1993

3a. Date of Last Report
04/12/1996

4. FEI Number
59-3196775

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

101 D ☐ DELETE
NAME WILLIAMSON, ELAINE S
STREET ADDRESS 521 PLOVER PLACE
CITY-STATE-ZIP PALM HARBOR FL 34683

102 D ☐ DELETE
NAME CORNELL, SALLY A
STREET ADDRESS 521 PLOVER PLACE
CITY-STATE-ZIP PALM HARBOR FL 34683

103 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

104 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

105 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

106 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE ☐ Change ☐ Addition

112 NAME

113 STREET ADDRESS

114 CITY-STATE-ZIP

211 TITLE ☐ Change ☐ Addition

212 NAME

213 STREET ADDRESS

214 CITY-STATE-ZIP

221 TITLE ☐ Change ☐ Addition

222 NAME

223 STREET ADDRESS

224 CITY-STATE-ZIP

311 TITLE ☐ Change ☐ Addition

312 NAME

313 STREET ADDRESS

314 CITY-STATE-ZIP

411 TITLE ☐ Change ☐ Addition

412 NAME

413 STREET ADDRESS

414 CITY-STATE-ZIP

511 TITLE ☐ Change ☐ Addition

512 NAME

513 STREET ADDRESS

514 CITY-STATE-ZIP

611 TITLE ☐ Change ☐ Addition

612 NAME

613 STREET ADDRESS

614 CITY-STATE-ZIP

14. I do 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 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:

Elaine S. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

Date

813 584-2511

Daytime Phone #

CR2E034 (9/96)