

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000035733 (2)**

1. Corporation Name

JOE P. CALDERWOOD, C.P.A., P.A.



Principal Place of Business

**918 S. WASHINGTON
TITUSVILLE FL 32780
US**

Mailing Address

**918 S. WASHINGTON
TITUSVILLE FL 32780
US**

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

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4. FEI Number
59-3240899

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

9. Name and Address of Current Registered Agent

**CALDERWOOD, JOE P
918 S. WASHINGTON AVE
TITUSVILLE FL 32780**

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 607.0402 and 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of person changing registered office or agent (to be filled in by the individual)

Signature of Registered Agent (signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALDERWOOD, JOE P
3455 FLOUNDER CREEK ROAD
MIMS FL 32754**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13.

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

268-1104

CR2E034 (12/95)