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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

813-948-8801

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000050402 (4)

CALLADINE, INC.

Principal Place	e of Business	Mailing Address			ORAL OBALL CIBIL COLIS (404 100)
8313 W.HILLSBOROUGH AVE #460 TAMPA FL 33615 US		8313 W.HILLSBOROUGH AVE #460 Tampa Fl 33615 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
		•		07/07/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 15 37	DALE MABRY HWY	26 1537 DA	LE MABRY HWY	59-3255749	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	UTZ FL	City & State 28 LUTZ	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 335	Country	Zip	Country	8. This corporation owes or has paid the	
24 335		29 33549	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Current	Registered Agent	81 Name _	10. Name and Address of New Registers	20 Agent
CALLADINE, HOBERT J				CALLADINE, ROBERT J.	
			dress (P.O. Box Number is Not Acceptable)	,	
#460 15.37				37 DALE MABRY HWY	!
I IAI	MPA FL 33615				
			84 City	LUTZ F	85 Zip Code
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 registrycd 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. Lam fet filliar with, and Jaccopt the obligations of, Section 607,0505, Florida Statutes.					
VIII ()MI Occa T any are Tanguard 54100					
SIGNATURE	Signature, typed or polled nation of registered agent		1£ Registered Agent signature req		<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VTD	L) DELETE	1.1 TITLE		Change Addition
NAME	CALLADINE, ROBERT J		1.2 NAME		
STREET ADDRESS	5734 IMPERIAL KEY			212 LONNIE LEE LN	
CITY-ST-ZIP	TAMPA FL	- Derege		ludson FL 34667	[] 42884
TITLE	PSD	[] DELETE	2.1 TITLE		Change Addition
NAME	CALLADINE, HAZEL J		2.2 NAME	212 LONNIE LEE LN	
STREET ADDRESS	5734 IMPERIAL KEY				
CITY-ST-ZIP	TAMPA FL	DELETE	2.4 C(TY-ST-Z)P 1 3.1 Title	ludson FL 34667	Change Addition
NAME		[_] becele	3.2 NAME		The purpose The American
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	_	
TITL€		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ĺ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		D SCIERCE	5.4 CITY- ST- ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		1
CITY-ST-ZIP	sertify that the information supplied with	this filing does not qualify	6.4 CITY-ST-7IP	n Section 119 07(3)(i) Florida Statutes I further	certify that the information
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 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 organ attachment with an address.					

ROBERT J. CALLADINE