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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90054 010 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046480

1. Corporation Name
CALMES INCORPORATED

Principal Place of Business
1717 20TH STREET STE 1
VERO BEACH FL 32960
US

Mailing Address
1717 20TH STREET STE 1
VERO BEACH FL 32960
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

65-0590149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **2066 28TH AVE**

26 **2066 28TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **VERO BEACH FL**

27 **VERO BEACH FL**

City & State

City & State

23 **32960 USA**

28 **32960 USA**

Zip

Country

Zip

Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDRIX, C. KENNON
2043 14TH AVENUE
VERO BEACH FL 32961**

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 607.1508, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CALMES, JOHN W**
STREET ADDRESS **1717 20TH STREET STE 1**
CITY-ST-ZIP **VERO BEACH FL 32960**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2066 28TH AVE**
1.4 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ DELETE
NAME **CALMES, SHIRLEY M**
STREET ADDRESS **1717 20TH STREET STE 1**
CITY-ST-ZIP **VERO BEACH FL 32960**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2066 28TH AVE**
2.4 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ DELETE
NAME **CALMES, JOHN J**
STREET ADDRESS **1717 20TH STREET STE 1**
CITY-ST-ZIP **VERO BEACH FL 32960**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2066 28TH AVE**
3.4 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

John W. Calmes **JOHN W. CALMES** **1/14/99** **561 770 3291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)