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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90048 012 \*\*\*150.00

DOOL IN ACTUAL	11	
1 1/ 1/ 1/ 1/ 1/ IN/II— N. I	77	POCOCOCOTA
DOCUMENT	#	P95000050374
		I GOOGGOOT T

1. Corporation Name

WEST CALHOUN CONSTRUCTION CO., INC.

Principal Place of Business Mailing Address				- I 1881/1881 110 (BIB) BITH BREIT BREIT BRITT BRITT BRITT BRITT FINN FRU SINT 1981						
7438 GULF BLVD 8652 NAVARRE PKWY					!					
NAVARRE BEAC				-						
us .		NAVARRE FL 32566			DO NOT WRITE IN THIS SPACE					
	US			Í	3. Date Incorporated or Qualifed OCIDE 1005					1
2 Delegant Plans of Business 22 Mailing Address 4				06/26/1995 4. FEI Number Applied For						
2. Principal Place of Business 2a. Mailing Address 21 7917 MUSSY (TWY) (2m. 26 Now Now Company)		26 866 Navarre	Place		59-3323379				<u> </u>	pplicable
Suite, Apt.		Suite, Apt. #, etc.	1200		_ \$			\$8.7	8.75 Additional	
22		27 DIX 150	,		5. Certifcate of Sta	tus Desired		Fee	Requi	red
City & State		$\gamma_1$		6. Election Campa	gn Financing		\$5.6	<b>)0</b> ма	у Ве	
23 VW	ame of	28 1004.0	r_		Trust Fund Conf	ribution		Add	ed to F	ees
Zip	Country	Zip	Country	Λ	8. This corporation		nt year inta	_	_	Nie
24 325	(1) 25 UST	29 5756 30	1 007	٦	Personal Proper	<del></del>		∐ Yes		No
	9. Name and Address of Current	Registered Agent	81 N	lame	10. Name and Add	ress of New Ki	egistered A	yent		
CALH	loun, west J		0							
	NAVARRE PKWY		82 S	treet Addres	S (P.O. Box Number	is Not Acceptat	ole)			
BOX			83	الهلام الم	Navane +	my				
	ARRE FL 32566			1	150_					
			84 C	ity			FL	85 2	Zip Coo	le
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes.	the above-na	amed corpora	ation submits this sta	tement for the s	surpose of o	changing	its re	gistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was author	onzed by the	corporation'	's board of directors.	I hereby accept	the appoin	itment a	s regis	tered
SIGNATURE				<del></del>	<del></del> _					\
12.	Signature, typed or printed name of registered agent a	·····	gistered Agent sign	nature required w	ADDITIONS/CHA	NGES TO OFF	ICERS AN	D DIREC	TORS	S IN 12
TITLE	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONOTOR		OLIVO MIN	Char		Addition
NAME	CALHOUN, WEST J	<u> </u>	1.2 NAME	ľ					•	_
STREET ADDRESS	8652 NAVARRE PKWY BOX 150		1.3 STREET ADD	DRESS RIGHT	68 Navam	01 B	N 15	$\alpha$		
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIF	30	00 100 1100 177	1 any D	vχ 10	)O		(
TITLE	VST	☐ DELETE	2.1 TITLE		<del></del>			Char	ge	Addition
NAME	CALHOUN, AMY A		2.2 NAME					<i>,</i> -		
STREET ADDRESS	8652 NAVARRE PKWY BOX 150		2.3 STREET ADD	DRESS 84	68 Maran	Ptim	Any 15	0		-
CITY-ST-ZIP	NAVARRE FL		2. 4 CITY-ST-ZII		es Amorrom		10 AC 0			
TITLE	10.000	☐ DELETE	3,1 TITLE					Char	ige	Addition
NAME		_	32 NAME							ļ
STREET ADDRESS			3.3 STREET ADD	DRESS						1
CITY-ST-ZIP			3,4. CITY-ST-ZI							
TITLE		☐ DELETE	4,1 TITLE					Char	nge .	Addition
NAME			4. 2 NAME							)
STREET ADDRESS			4.3 STREET ADD	DRESS						ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP	,						
TITLE		☐ DELETE	5.1 TITLE					Char	nge .	Addition
NAME			5.2 NAME	}						
STREET ADDRESS			5.3 STREET ADD	DRESS						1
CITY-ST-ZIP		į.	5 4 CITY-ST-ZIP	<b>&gt;</b>						
MLE		☐ DELETE	6.1 TITLE					Char	nge	Addition
NAME			6.2 NAME							ĺ
STREET ADDRESS			6.3 STREET ADO	DRESS						)
										•

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 or an attachment with an address, with all other like empowered.

SIGNATURE: