

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000070385 (6)**

1. Corporation Name
CALUM, INC.



Principal Place of Business

**1090 ROYAL BLVD.
PALM HARBOR FL 34683**

Mailing Address

**1090 ROYAL BLVD.
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified

09/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2660 E. Klosterman Rd.**

26 **2660 E. Klosterman Rd.**

4. FEI Number

59-3334618

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Tarpon Spring, Florida**

City & State

28 **Tarpon Springs, Florida**

Zip

24 **34689**

Country

25 **Pinellas**

Zip

29 **34689**

Country

30 **Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, ROGER
1090 ROYAL BLVD.
PALM HARBOR FL 34683**

81 Name

Roger Harris

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

2660 East Klosterman Road

83

84 City

Tarpon Springs

FL

85 Zip Code
34689

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 translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **~~Roger Harris~~**

STREET ADDRESS **~~2660 E. Klosterman Rd.~~**

CITY-ST-ZIP **~~Tarpon Springs, FL 34689~~**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/P

☒ Change ☐ Addition

1.2 NAME

Roger Harris

1.3 STREET ADDRESS

2660 East Klosterman Road

1.4 CITY-ST-ZIP

Tarpon Springs, FL 34689-9405

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

(813) 785-6944

Date

Daytime Phone #

CR2E034 (12/95)