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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| 1. Corporat                                   | JMENT # P9500<br>B CALLAHAN CO.                     | 00079                                  | 9082 (0              | ))                      |            | 1181                      | HIRRY AND COLOR FIRM DOWN AGO          | IJ <b>af</b> ari <b>a</b> arii <b>ra</b> a | 1 <b>0 10</b> 1111 <b>00</b> 11 | <b>i</b> i iiii kara oor |
|---|---|--|----------------------|-------------------------|------------|---------------------------|--|--|---------------------------------|--------------------------|
| Principal Place of Business 5681 DEREK AVENUE |   |  | Mailing Address      |                         |            |                           |  |  |                                 |                          |
| SARASOTA FL 34233                             |   | 5681 DEREK AVENUE<br>Sarasota Fl 34233 |                      |                         |            |                           |  |  |                                 |                          |
|   |   |  |                      |                         |            |                           | corporated or Qualified                | 3a. Date                                   | of Last Re                      | eport                    |
| 2. Principal                                  | Place of Business                                   | 2a. Ma                                 | ailing Address       |                         |            | 4. FEI Nun                |  |  |                                 | Applied For              |
| Suite, Ap                                     | ot. #, etc.   |  | ite. Apt. #, etc.    |                         |            |                           | -0616976                               |  |                                 | Not Applicable           |
| 22  |   | 27                                     |                      |                         |            | <b>5</b> . Certifica      | te of Status Desired                   |  |                                 | Additional<br>Required   |
| City & St.                                    |   | 28                                     | ly & State           |                         |            | Trust Fu                  | Campaign Financing<br>ind Contribution |  | Added                           | May Be                   |
| Ζφ<br>[ <b>24</b> ]                           | Country [25]  | Ζη:<br>29                              | <b>)</b>             | Countr<br>30            | У          |                           | poration has liability for             | intangible tax                             | under s                         | 199.032,                 |
|   | 9. Name and Address of Curre                        |  | d Agent              | 30]                     |            | Florida S                 | Ind Address of New R                   | □ No                                       | nent .                          |                          |
|   |   |  |                      | 8                       | Name       |                           |  | · · ·                                      | <b>J</b> OIL                    |                          |
|   | CH, KRAIG H ESQ.                                    | ^                                      |                      | 82                      | Street     | Address (P.O. Box N       | lumber is Not Acceptab                 | le)  | ···                             |                          |
|   | N WASHINGTON BLVD, SUITE 479<br>ISOTA FL 34236      | U                                      |                      | 83                      | 1          |                           |  |  |                                 | 77 1                     |
| V: W  | OOTA I L OTZOU                                      |  |                      |                         |            |                           |  |  |                                 |                          |
|   |   |  |                      | 64                      | ,          |                           |  | FL   | l I '                           | Code                     |
| familion v                                    | Signature ityped or printed name of registered ages | it and billed applica                  | 5, Florida Statutes. | E: Rugistered Age       | poration s | equired when reinstating) | hereby accept the appx                 | DATE                                       | egistered                       | agent. I am              |
| 12.<br>TILE                                   | OFFICERS AN   | AD DIRECTOR                            | RS DELETE            | 13.                     |            | ADDITIO                   | NS/CHANGES TO OFF                      |  | ·                               |                          |
| NAMI  | Callahan, Bob                                       |  |                      | 1.2 NAME                |            |                           |  | لــا                                       | Change                          | ☐ Addition               |
| STREET ADDRESS                                |   |  |                      |                         | 1 ADORESS  |                           |  |  |                                 |                          |
| CIN - ST - ZIP                                | SARASOTA FL 34233                                   | ····································   |                      | 14 CHTY-                |            |                           |  |  |                                 |                          |
| NAME  |   |  | DELETE               | 2 1 TITLE               |            |                           |  |  | Change                          | ■ Addition               |
| SPREET ADDRESS                                | 5   |  |                      | 2 2 NAME                | i address  |                           |  |  |                                 |                          |
| C-11 - S1 - Z-P                               |   |  |                      | 24 CITY-                |            |                           |  |  |                                 |                          |
| THEF  |   |  | DELETE               | 3 1 TITLE               | -          |                           |  |  | Change                          | Addition                 |
| NAM1  |   |  |                      | 3 2 NAME                |            |                           |  |  |                                 |                          |
| STREET ADDRESS                                |   |  |                      |                         | 1 ADDRESS  |                           |  |  |                                 |                          |
| CHY-SI-ZIP<br>TH,E                            |   |  | DELETE               | 3.4 CHY-1               | ST-ZIP     |                           |  |  | ^******                         | ET addition              |
| NAME  |   |  |                      | 4 2 NAME                |            |                           |  | Ц  | Change                          | ☐ Addition               |
| STHEET ACCORDS                                | <b>;</b>  |  |                      |                         | ADDRESS    |                           |  |  |                                 |                          |
| C-1Y - S-1 - Z-P                              |   |  |                      | 4 4 CITY - :            | İ          |                           |  |  |                                 |                          |
| THE   |   |  | DEFELE               | 5 1 TITLE               |            |                           |  |  | Change                          | Addition                 |
| NAME<br>STREET ANOTHERS                       |   |  |                      | 5.2 NAME                |            |                           |  |  |                                 |                          |
| STREET ADDRESS<br>CITY-ST-ZIF                 |   |  |                      | 5 3 STREE               |            |                           |  |  |                                 |                          |
| TITLE   |   |  | DELETE               | 5.4 CITY-S<br>6.1 TITLE | ST-ZIP     |                           |  |  | Changa                          | C) Addition              |
| NAME  |   |  |                      | 62 NAME                 |            |                           |  | L  | Change                          | ☐ Addition               |
| STREET ATIDRESS                               | :   |  |                      |                         | AUUDECC    |                           |  |  |                                 |                          |

14. I do heretry 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 cath; 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 chylged, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

0:11 - \$1 - 7(2)

Bob CAllahan

2/21/94 941-923-7859