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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 10 1997 8:00am

Secretary of State

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🌉 Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009589 (8)

CALOOSA DEVELOPMENT CO.

							!	(8) (8)(8 (8)() (8)()
Principal Place of Business Mailing Address							 	0 10 10 10 10 10 10 10
2289 8TH AVE ST JAMES CITY FL \$3956			2289 8TH AVE ST JAMES CITY FL 33956-2118					
						3. Date Incorporated or Qualified 01/29/1996	3a. Date of	.ast Report
2. Principal I	Place of Business		2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21			26				Γ	Not Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
City & Sta	10		27					ee Required
- '	le .	į.	City & State			6. Election Campaign Financing		5.00 May Be
Zip	Соц		28	1 0		Trust Fund Contribution	·	dded to Fees
 , ·	├ ─	· · · · · · · · · · · · · · · · · · ·	Zφ	Country	1	8. This corporation has liability for		ider s. 199.032,
24	25	dress of Current R	29	30			Yes No	
			egistered Agent	81	I Name o	10. Name and Address of New Re	gistered Agent	
	INING, HAROLD L	IH		61	Name			
228	9 8TH AVE	NPA .		82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
,3 ,3	JAMES CITY FL 339	90 6		83		*		
*				84	City	200 20 4		7-0-1
					1		FL 85	Zip Code
ayent. 1 a	to the provisions of S registered agent, or b am familiar with, and a	ections 607.0502 ar oth, in the State of F iccept the obligation	nd 607.1508, Florida Statu Iorida. Such change was ns of, Section 607.0505, F	ites, the abov authorized b lorida Statute	e-named cor y the corpora s.	rporation submits this statement for the patients of directors. I heroby acceptation's board of directors. I heroby acceptations	ourpose of changot the appointme	ging its registered int as registered
SIGNATURE	Signature, typed or printed n	anie of registered agent en	d title if applicable (NO	IE Registered Ag	ont signature requ	uired when reinstahing)	DATE	
12.		OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE I	& VP		DELETE	1.1 1111.1			☐ Ch	
NAME	Harold L. F	anning Jr.		1.2 NAME				
STREET ADDRESS	2289 8th A	venue		1.3 STREET	ADDRESS			
CITY-ST-ZIP	St. James C		956	1.4 CITY-5	51- <i>71</i> P			
TITLE		~~~	DELETE	2.1 TITLE			☐ Ch	ange Addition
NAME	Secy & Trea	surer		2.2 NAME			<u> </u>	ange El House
STREET ADDRESS	Paul A. Kir	kpatrick		2.3 STREET	ADDRESS			
CITY-ST-ZIP	14382 Sanda			2.4 CHY-	(
TITLE	Bokeelia F	L 33922	DELETE	31 TITLE	31.11		Ch.	ange Addition
NAME				3.2 NAME			<u></u> 0//	g-v
STREET ADDRESS	1			3.3 STREET	VUUBE GG			
CITY-ST-ZIP				3.4. C/TY-				
TITLE	***************************************		DELETE	4.1 THE	21-11		☐ Ch	ange Addition
NAME				4. 2 NAME			L., 011	engo La Mucitiva
STREET ADDRESS				4.2 NAME	Apparce			
	i				·			
CITY-ST-ZIP TITLE	 	*************************************	DELETE	4.4 CITY - S 5.1 TITLE	1-201		□ 0L	2000
NAME	[C DECEN				L Ch	ange L Addition
STREET ADDRESS				5.2 NAME	ADDRESS.			
				5.3 STREET				
CITY-ST-ZIP TITLE			DELETE	5.4 CHY- S	1 - ZIP			
			L. DELCIL	6.1 TITLE			L] Ch	ange L Addition
NAME CTOTET ADODESO				62 NAME				
STREET ADORESS	4.5			6.3 STREET	ADDRESS			

14. I do 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.