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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000043847

CALHOON PROPERTIES, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90017 046 ***150.00



Principal Place	e of Business	Mailing Address						
6323 FORRESTER DRIVE		6323 FORRESTER DRIVE	,					
BRADENTON FL	. 34202	BRADENTON FL 34202			DO NOT WRI	ITE IN THIS S	PACE	
	√		•		3. Date incorporated or Qualifed			-
	•				05/16/1996			1
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	••	Ap	plied For
SAME		SAME			65-0677346		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ . <i>tla</i>		Additional
22		27			5. Certificate of Status Desired	U N/A	Fee Re	equired
City & State		City & State		6. Election Campaign Financing	n/.	\$5.00		
23		28			Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the curr			na l
24]	25	29 3	<u> </u>		Personal Property Tax.		Yes	<u>®</u> No
	9. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of New I	Kegistered A	Jent	
CALL	HOON, RONALD J	and the first that the first of	"	IName	N/A			
	FORRESTER DRIVE	•	82	2 Street Add	ress (P.O. Box Number is Not Accept	able)		
	DENTON FL 34202		83	3	13, 7, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<u>* 3 * 5 * 6 * 5 * 6 * 4 * 6</u> - 3 * 5 ? 9 î 5 7	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2.34 E.34 E.34
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	<i>y</i>		84	4 City		FL	85 Zip	Code
Ones revenient	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the abov	ve-named corr	poration submits this statement for the ion's board of directors. I hereby acce		l <u>l</u> anging its	registered
office or n	egistered agent, or both, in the Sta	te of Florida. Such change was aut	norized by	v the corporati	poration submits this statement for the ion's board of directors. I hereby acce	pt the appoint	ment as re	egistered
OHIOCH M. I.			- 04-4-4-	,				
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Florid	a Statute	s.	• •			
agent. I a		N/A		s.	ed when reinstating) 1.	DATE		
	Signature, typed or printed name of registered a	N/A		s.	ed when reinstating)). ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered a	N/A agent and title if applicable. (NOTE: R	egistered Ag	ent signature require	ed when reinstating) 1.	DATE FICERS AND		
SIGNATURE	Signature, typed or printed name of registered a	Igent and title if applicable. (NOTE: R	egistered Ag	ent signature require	ed when reinstating)). ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	Igent and title if applicable. (NOTE: R	1,1 TITLE	ent signature require	ed when reinstating)). ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12
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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 an attachment with an address, with all other like empowered.

SIGNATURE