

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000009994 (9)

1. Corporation Name

MERLIN CAL CALLAHAN ASSOCIATES, INC.

Principal Place of Business

1830 OLD HIGHWAY 98, UNIT 1B
DESTIN FL 32541

Mailing Address

POST OFFICE BOX 1202
DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

2. Principal Place of Business

21 1630 Old Hwy 98

Suite, Apt. #, etc.

22 #1 B

City & State

23 DESTIN, FL

Zip

24 32541

Country

25 USA

2a. Mailing Address

26 PO Box 1202

Suite, Apt. #, etc.

27

City & State

28 DESTIN, FL

Zip

29 32540

Country

30

4. FEI Number

59-342-5628

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 owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME CALLAHAN, MERLIN DUANE
STREET ADDRESS 1830 OLD HIGHWAY 98, UNIT 1B
CITY-ST-ZIP DESTIN FL 32541

TITLE VSD ☐ DELETE

NAME CALLAHAN, LINDA K
STREET ADDRESS 1830 OLD HIGHWAY 98, UNIT 1B
CITY-ST-ZIP DESTIN FL 32541

TITLE VD ☐ DELETE

NAME CALLAHAN, CARY WILLIAM
STREET ADDRESS 1830 OLD HIGHWAY 98, UNIT 1B
CITY-ST-ZIP DESTIN FL 32541

TITLE VD ☐ DELETE

NAME CALLAHAN, BRENT DUANE
STREET ADDRESS 1830 OLD HIGHWAY 98, UNIT 1B
CITY-ST-ZIP DESTIN FL 32541

TITLE VD ☐ DELETE

NAME CALLAHAN, NELSON RAYMOND
STREET ADDRESS 1830 OLD HIGHWAY 98, UNIT 1B
CITY-ST-ZIP DESTIN FL 32541

TITLE VD ☐ DELETE

NAME CALLAHAN, CAL BARNETT
STREET ADDRESS 1830 OLD HIGHWAY 98, UNIT 1B
CITY-ST-ZIP DESTIN FL 32541

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

Merlin Cal Callahan

4/24/98

850
650-3277

CR2E034 (10/97)