2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90037 013 ***150.00

DOCUMENT # P97000009994

1. Entity Name
MERLIN CAL CALLAHAN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
643 SEAVIEW DR DESTIN FL 32541 US	POST OFFICE BOX 1202 DESTIN FL 32540 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
643 SeaView Dr	PO Box 1202
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin FL	City & State: Destin FL
Zip: 32541 Country: USA	Zip: 32540 Country: USA

4. FEI Number 59-3425623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALLAHAN, ~~MERLIN~~ D MERLIN ~~607 MOUNTAIN DR~~ 643 SeaView Dr DESTIN FL 32541	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CALLAHAN, MERLIN DUANE 607 MOUNTAIN DR DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	643 SeaView Dr Destin FL 32541	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CALLAHAN, LINDA K 607 MOUNTAIN DR DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	643 SeaView Dr Destin FL 32541	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CALLAHAN, CARY WILLIAM 270 MEADOWOOD DR ROSWELL GA 30075	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CALLAHAN, BRENT DUANE 2329 TRENTON DR CANTON GA 30115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CALLAHAN, NELSON RAYMOND 270 MEADOWOOD DR ROSWELL GA 30075	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CALLAHAN, CAL BARNETT 405 CLAIRE DR FAYETTEVILLE GA 30214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	974 Nelson ST Jackson, GA 30233	☑ Change ☐ Addition

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Merlin D Callahan 2/26/01 850-650-3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #