

04011999-90093-034-\$150.00-\$150.00

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90093 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000027900	
1. Corporation Name CALAMAR DEVELOPMENT, INC.	

Principal Place of Business 2216 SPRINGS BOULEVARD OCALA FL 34470	Mailing Address 2216 SPRINGS BOULEVARD OCALA FL 34470
2. Principal Place of Business 21 Suite, Apt. #, etc. 26	2a. Mailing Address 22 Suite, Apt. #, etc. 27
22 City & State 23	27 City & State 28
23 Zip 24 25	29 Zip 30 Country
9. Name and Address of Current Registered Agent PEEK, DAVID H 1301 RIVERPLACE BOULEVARD SUITE 1009 JACKSONVILLE FL 32207	

3. Date Incorporated or Qualified 03/20/1998	
4. FEI Number 59-3501529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No.	
10. Name and Address of New Registered Agent Laura V. Guerra	
81 Name Laura V. Guerra	82 Street Address (P.O. Box Number is Not Acceptable) 2216 E. Silver Spgs. Blvd. #4
83	84 City Ocala
85 Zip Code 34470	

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 *Laura V. Guerra* **Secretary** (NOTE: Registered Agent signature required where maintaining)

3/16/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	3.5 TITLE 3.6 NAME 3.7 STREET ADDRESS 3.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	4.5 TITLE 4.6 NAME 4.7 STREET ADDRESS 4.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	5.5 TITLE 5.6 NAME 5.7 STREET ADDRESS 5.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Laura V. Guerra, Secretary* 3/16/99 352-629-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #