FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -6 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S34562 (6)

1. Corporation Name
CALISTER MANNING, INC.

Principal Place of Business	Mailing Address
~~3102 N. HABANA AVE.~~ ~~TAMPA FL 33607~~ US	~~805 SOUTH FREMONT AVENUE~~ ~~TAMPA FL 33606~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 609 West Horatio Street	26 3222 Palmira Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33606	Country 25 US
Zip 29 33629	Country 30 US

4. FEI Number: 59-3049453 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANNING, MICHAEL B. ~~805 SOUTH FREMONT AVENUE~~ TAMPA FL ~~33606~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3222 Palmira Avenue 83 84 City: Tampa FL 85 Zip Code: 33629

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 _____ (NOTE: Required: Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☑ Change ☐ Addition
NAME	MANNING, MICHAEL B.	12 NAME		
STREET ADDRESS	~~805 SOUTH FREMONT AVENUE~~	13 STREET ADDRESS	3222 Palmira Avenue	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	DS	21 TITLE		☑ Change ☐ Addition
NAME	MANNING, MARIA T.	22 NAME		
STREET ADDRESS	~~805 SOUTH FREMONT AVENUE~~	23 STREET ADDRESS	3222 Palmira Avenue	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	CAMERON, KEVIN A.	32 NAME		
STREET ADDRESS	2301 BENDELOW TRAIL	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 above, or on an attachment with an additional name.

SIGNATURE: Michael B. Manning MICHAEL B. MANNING 2-27-95 (813) 251-4816
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0293014 CP