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FILED

Feb 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S42355 (5)

1. Corporation Name  
R. J. KALKA, INC.

Principal Place of Business

P O BOX 061014  
FT MYERS FL 33906

Mailing Address

5431 JACKSON ROAD  
FT. MYERS FL 33905-7534  
US

5431 JACKSON RD.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 FT. MYERS, FLA.

24 Zip 33905

25 Country LEE

2a. Mailing Address

26 5431 JACKSON RD.

27 Suite, Apt. #, etc.

28 City & State

28 FT. MYERS, FLA

29 Zip 33905

30 Country LEE

9. Name and Address of Current Registered Agent

KALKA, ROBER J  
5431 JACKSON ROAD  
FORT MYERS FL 33905

KALKA, ROGER J.

3. Date Incorporated or Qualified  
04/01/1991

3a. Date of Last Report  
04/02/1996

4. FEI Number  
65-0255804

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

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: *Roger J. Kalka*

(NOTE: Registered Agent signature required when reinstating)

1-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PST PRESIDENT ☐ DELETE

NAME KALKA, ROGER J  
STREET ADDRESS 5431 JACKSON ROAD  
CITY-ST-ZIP FORT MYERS FL

TITLE D REGISTERED AGENT ☐ DELETE

NAME KALKA, ROGER J  
STREET ADDRESS 5431 JACKSON ROAD  
CITY-ST-ZIP FORT MYERS FL

TITLE VP VICE PRESIDENT ☐ DELETE

NAME KALKA, MARK A  
STREET ADDRESS 13 ANDORA  
CITY-ST-ZIP LEHIGH ACRES FL

TITLE SECRETARY ☐ DELETE

NAME KALKA, PAUL D.  
STREET ADDRESS 3718 15TH ST. W.  
CITY-ST-ZIP LEHIGH ACRES, FL,  
33971

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 do 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: ROGER J. KALKA *Roger J. Kalka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

694-9727

1-10-97

CR2E034 (9/96)