

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra H. Mayhew  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1995 MAY 23 PM

**DOCUMENT # V67295**

**(8)**

1. Corporation Name

**CALTON PROPERTIES, INC.**

Principal Place of Business

Mailing Address

**14497 NORTH DALE MABRY HWY.  
SUITE 215  
TAMPA FL 33618**

**14497 NORTH DALE MABRY HWY.  
SUITE 215  
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                              |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date of Incorporation or Qualification<br><b>09/29/1992</b>                                                                                               | 3a. Date of Last Report<br><b>04/19/1994</b> |
| 4. FEI Number<br><b>59-3143898</b>                                                                                                                           | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    | <b>\$8.75 Additional<br/>Fee Required</b>    |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>       |
| 8. This corporation has liability for intangible tax under § 199.072<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRINGTON, GEORGE G JR.  
14497 N. DALE MABRY HWY., STE. 215  
TAMPA FL 33618**

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Applicable) |
| 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 filed applicant

(NOTE: Registered Agent must sign and print name when filing)

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                                   | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CALTON, DWAYNE K.                   | 12 NAME                                               |                                                                   |
| STREET ADDRESS             | 14497 N. DALE MABRY HWY., SUITE 215 | 13 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            | TAMPA FL                            | 14 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      | S                                   | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CALTON, DEREK J.                    | 22 NAME                                               |                                                                   |
| STREET ADDRESS             | 14497 N. DALE MABRY HWY., STE 215   | 23 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            | TAMPA FL                            | 24 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      | D                                   | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, JOAN C.                    | 32 NAME                                               |                                                                   |
| STREET ADDRESS             | 14497 N. DALE MABRY HWY., STE 215   | 33 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            | TAMPA FL                            | 34 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      | D                                   | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MAHANEY, DANIEL D.                  | 42 NAME                                               |                                                                   |
| STREET ADDRESS             | 14497 N. DALE MABRY HWY., STE. 215  | 43 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            | TAMPA FL                            | 44 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      | VTD                                 | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARRINGTON, GEORGE G                | 52 NAME                                               |                                                                   |
| STREET ADDRESS             | 14497 N DALE MABRY HWY STE 215      | 53 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            | TAMPA FL                            | 54 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      | D                                   | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WEIMER, RONALD L                    | 62 NAME                                               |                                                                   |
| STREET ADDRESS             | 14497 N DALE MABRY STE 215          | 63 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            | TAMPA FL 33618                      | 64 CITY - ST - ZIP                                    |                                                                   |

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**TAW  
3/23/95**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(4)(b), 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: George G. Harrington, VP 3-20-95 (813) 264-0440**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR