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Mar 18 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 # **V67295** (8)

1. Corporation Name
CALTON PROPERTIES, INC.

Principal Place of Business
**14497 NORTH DALE MABRY HWY.
SUITE 215
TAMPA FL 33618**

Mailing Address
**14497 NORTH DALE MABRY HWY.
SUITE 215
TAMPA FL 33618-2056**



3. Date Incorporated or Qualified **09/29/1992** 3a. Date of Last Report **03/20/1996**

4. FEI Number **59-3143898** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

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

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE	1.1 TITLE	Change	Addition
NAME	CALTON, DWAYNE K.		1.2 NAME		
STREET ADDRESS	14497 N. DALE MABRY HWY., SUITE 215		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	S	DELETE	2.1 TITLE	Change	Addition
NAME	CALTON, DEREK J.		2.2 NAME		
STREET ADDRESS	14497 N. DALE MABRY HWY., STE 215		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2.4 CITY - ST - ZIP		
TITLE	D	DELETE	3.1 TITLE	Change	Addition
NAME	JOHNSON, JOAN C.		3.2 NAME		
STREET ADDRESS	14497 N. DALE MABRY HWY., STE 215		3.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - ZIP		
TITLE	D	DELETE	4.1 TITLE	Change	Addition
NAME	MAHANEY, DANIEL D.		4.2 NAME		
STREET ADDRESS	14497 N. DALE MABRY HWY., STE. 215		4.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		4.4 CITY - ST - ZIP		
TITLE	VTD	DELETE	5.1 TITLE	Change	Addition
NAME	HARRINGTON, GEORGE G		5.2 NAME		
STREET ADDRESS	14497 N DALE MABRY HWY STE 215		5.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		5.4 CITY - ST - ZIP		
TITLE	D	DELETE	6.1 TITLE	Change	Addition
NAME	WEIMER, RONALD L		6.2 NAME		
STREET ADDRESS	14497 N DALE MABRY STE 215		6.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33618		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: *[Signature]* **DWAYNE K. CALTON** 3/13/97 (813) 264-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)