

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H31712** (3)

1. Corporation Name

CALLANAN SALES & SERVICE, INC.



Principal Place of Business

Mailing Address

33113 N COVE RD
WILDWOOD FL 60030
US

33113 N COVE RD
WILDWOOD FL 60030
US

3. Date Incorporated or Qualified
11/28/1984

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2470065

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

**MANDER, ERNEST
466 CHARLOTTE STREET
LONGWOOD FL 32750**

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

Signature typed or printed name of the person and the corporation

(NOTE: Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CALLANAN, JOHN P. | |
| STREET ADDRESS | 33113 N COVE RD | |
| CITY - ST - ZIP | WILDWOOD FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CALLANAN, MARY | |
| STREET ADDRESS | 33113 N COVE RD | |
| CITY - ST - ZIP | WILDWOOD FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|-----------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 2. 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. 2. NAME | |
| 2. 3. STREET ADDRESS | |
| 2. 4. CITY - ST - ZIP | |
| 3. 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. 2. NAME | |
| 3. 3. STREET ADDRESS | |
| 3. 4. CITY - ST - ZIP | |
| 4. 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. 2. NAME | |
| 4. 3. STREET ADDRESS | |
| 4. 4. CITY - ST - ZIP | |
| 5. 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. 2. NAME | |
| 5. 3. STREET ADDRESS | |
| 5. 4. CITY - ST - ZIP | |
| 6. 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mary A. Callanan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY A. CALLANAN

4/18/96

847-223-4152

CR2E034 (12/95)