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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90189 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K68788

1. Corporation Name
CALM - C INCORPORATED

Principal Place of Business
8656 SW 50TH STREET
STE 7A
COOPER CITY FL 33328
US

Mailing Address
8656 SW 50TH STREET
COOPER CITY FL 33328
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1989

4. FEI Number
65-0117826

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 154 CR 470

Suite, Apt. #, etc.

22

City & State

23 Lake Panasoffkee, FL

Zip

24 33538

Country

25 USA

2a. Mailing Address

26 P.O. Box 885

Suite, Apt. #, etc.

27

City & State

28 Lake Panasoffkee, FL

Zip

29 33538

Country

30 USA

9. Name and Address of Current Registered Agent

GAGE, ROBERT C.
8656 SW 50TH STREET
STE 7A
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name Gage, Robert C.
82 Street Address (P.O. Box Number is Not Acceptable)
154 CR 470
83
84 City Lake Panasoffkee FL 85 Zip Code 33538

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

Robert C. Gage Robert C. Gage Robert C. Gage 4/23/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME GAGE, MARILYN J.
STREET ADDRESS 8656 SW 50 STR
CITY-ST-ZIP COOPER CITY FL

TITLE V ☐ DELETE
NAME GAGE, ROBERT C.
STREET ADDRESS 8656 SW 50 STR
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President ☐ Change ☒ Addition
1.2 NAME Gage, Robin K.
1.3 STREET ADDRESS 9311 Orange Grove Dr.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33324

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 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, with all other like empowered.

SIGNATURE:

Robert C. Gage VP 4/23/99 352 793-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0308851