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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(3)

CAL-FLORA, INC. Principal Place of Business Mailing Address P.O. BOX 651 SAN ANTONIO FL 33576 P.O. BOX 651 SAN ANTONIO FL 33576							
				3. Date Incorporated or Qualified 08/10/1988	3a. Dat	04/04/19	95
. Principal Place of Business	2a. Mailing Address			4. FEI Number 59-2903536		<u> </u>	oplied For
]	26 Suite, Apt. #, etc.	<u> </u>		-			ot Applicable Additional
Suite, Apt. #, etc.	27			5. Certificate of Status Desired			equired
City & State	City & State			6. Election Campaign Financing			May Be
	28	Country		Trust Fund Contribution 8. This corporation has liability for			to Fees 99.032.
Zip Country	Ζφ (29)	Country 30	<i>(</i>	Florida Statutes	i ∏ No		
9. Name and Address of Cu				10. Name and Address of New I	Registered	Agent	
		81	Name				
MCCLAIN, JOE A.		82	Street Addr	ess (P.O. Box Number is Not Acceptate	ble)		
402 EAST CHURCH AVENUE		83					
DADE CITY FL 33525		63	1				
		84	City		F	85 Zip	Code
or registered agent, or both, in the State of familiar with, and accept the obligations of,	, Section 607.0505, Florida Statutes		poration's boa	ord of directors. I hereby accept the app	4.	-9 - 91	
or registered agent, or both, in the state of familiar with, and accept the obligations of, signature, typed or printed name of registeres. OFFICER BARDIN, ROBERT F. SHWY 677 SAN ANTIONIO FL 895 ITLE STATE OF THE STATE O	Section 607.0505, Florida Statutes Section 607.0505, Florida Statutes Lo Z V Lo Z V Lo Agent and tille Y applicable RS AND DIRECTORS CELETE	OTE: Registered Age 13. 1.1 TITLE 1.2 NAME	ent sgrature regard	ADDITIONS/CHANGES TO OF	ENTE FICERS AN	-9-91	RS IN 12
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I do hereby certify that the information supplied with this filing is voluntarily furnished and odes not detail to 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 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 certify 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: Note of Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 35256) 3008

CR2E034 (12/95)