FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 536961 (6)

1. Corporation Name
CHALLIS MARSHALL, INC.

Principal Place of Business
600 3rd STREET S.W.
~~251 MAGNOLIA AVENUE S.W.~~
WINTER HAVEN FL 33880

Mailing Address
600 3rd STREET S.W.
~~251 MAGNOLIA AVENUE S.W.~~
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1977

2. Principal Place of Business
21 600 3rd STREET S.W.
Suite, Apt. #, etc.
22 #
City & State
23 WINTER HAVEN FL.
Zip 24 33880 Country 25 POLK Co.

2a. Mailing Address
26 600 3rd STREET S.W.
Suite, Apt. #, etc.
27
City & State
28 WINTER HAVEN, FL.
Zip 29 33880 Country 30 POLK Co.

4. FEI Number
59-1746779
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MARSHALL, CHALLIS G.
~~251 MAGNOLIA AVENUE S.W.~~ 600 3rd STREET S.W.
WINTER HAVEN FL 33880

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, CHALLIS G.		1.2 NAME		
STREET ADDRESS	265 LAKE LINK RD SE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, MARY K.		2.2 NAME		
STREET ADDRESS	265 LAKE LINK RD SE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: [signature] CHALLIS MARSHALL 2-10-98 941-324-4154