

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:37

DOCUMENT # K13044 (8)

1. Corporation Name
CHC SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
1900 MAIN STREET, SUITE 314
W SAM BATTAGLIA
SARASOTA FL 34236

Mailing Address
1700 S TAMiami TRAIL
C/O JOHN DENARO
SARASOTA FL 34239
US

3. Date Incorporated or Qualified
01/20/1988

3a. Date of Last Report
04/28/1994

2. Principal Place of Business
21 **1700 S Tamiami Trail**

2a. Mailing Address
28 **1700 S Tamiami Trail**

22 Suite, Apt. #, etc.
27 **c/o Sam Battaglia**

23 City & State
Sarasota FL

28 City & State
Sarasota FL

24 Zip
34239

25 Country
Sarasota

29 Zip
34239

30 Country
Sarasota

4. FEI Number
65-0043738

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**

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

**MARSHALL, ELIZABETH C., ESQ.
1550 RINGLING BLVD
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code **FL**

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	
TITLE	ST
NAME	BAUMANN, CHARLES R
STREET ADDRESS	1858 RINGLING BLVD.
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	LEE, MARILYNN J
STREET ADDRESS	1700 S. TAMiami TRAIL
CITY - ST - ZIP	SARASOTA FL
TITLE	C
NAME	COVERT, MICHAEL H
STREET ADDRESS	1700 S TAMiami TRAIL
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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 110.07(3)(b), 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 applicable or on an attachment with an address.

SIGNATURE: Michael H. Covert **Michael H. Covert** 3/31/95 917-1300
Signature and typed or printed name of signing officer or director Date (System Please)