

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90009 002 ***150.00

0477386

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K13044

1. Corporation Name
CHC SERVICES, INC.



| | |
|--|--|
| Principal Place of Business 1700 S TAMiami TRAIL SARASOTA FL 34239 US | Mailing Address C/O ACCOUNTING SERVICES 1700 S. TAMiami TRAIL SARASOTA FL 34239 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 P. O. Box 3258 |
| 22 City & State | 27 Attn: J. Hugh Middlebrooks |
| 23 Zip Country | 28 Sarasota, FL 34230-3258 |
| 24 Zip Country | 29 34230-3258 30 USA |

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/20/1988 | |
| 4. FEI Number 65-0043738 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| |
|---|
| 9. Name and Address of Current Registered Agent MARSHALL, ELIZABETH C., ESQ. 200 SOUTH ORANGE AVENUE SARASOTA FL 34230 |
|---|

| | |
|---|-------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name J. Hugh Middlebrooks, Esq. | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. ORange Ave. | |
| 83 | |
| 84 City Sarasota | 85 Zip Code FL 34236 |

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  (NOTE: Registered Agent signature required when reinstating) 3/1/99 DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | ST BAUMANN, CHARLES R <input type="checkbox"/> DELETE |
| NAME | 1858 RINGLING BLVD. |
| STREET ADDRESS | SARASOTA FL |
| CITY-ST-ZIP | |
| TITLE | D ALBERTSON, DON <input type="checkbox"/> DELETE |
| NAME | 1700 SOUTH TAMiami TRAIL |
| STREET ADDRESS | SARASOTA FL |
| CITY-ST-ZIP | |
| TITLE | C COVERT, MICHAEL H <input type="checkbox"/> DELETE |
| NAME | 1700 S TAMiami TRAIL |
| STREET ADDRESS | SARASOTA FL |
| 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 | |

| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Michael H. Covert, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)