

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
MAY 17 1995

95-417-1 AM 9:47

DOCUMENT # **P94000054583 (7)**

1. Corporation Name
CHAPARRAL WEST, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
375 PARK AVE. BOCA GRANDE FL 33921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/22/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc 26. Suite, Apt. #, etc
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

4. FEI Number **65-0506779** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 agent 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 _____

12. OFFICERS AND DIRECTORS
TITLE **DPST**
NAME **BENEDICT, TERRY L**
STREET ADDRESS **375 PARK AVE.**
CITY- ST- ZIP **BOCA GRANDE FL 33921**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. 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 119.07(3)(k), 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 1937, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 Fee: \$81.00
Date (Date)