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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000066825 (7)**

1. Corporation Name
CHARLES H. GILCHRIST, INC.

Principal Place of Business	Mailing Address
8224 SEVERN DRIVE #96-D BOCA RATON FL 33433	8224 SEVERN DRIVE #96-D BOCA RATON FL 33433-6331

3. Date Incorporated or Qualified: 06/29/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21: 5000 NW 81st Terrace	26: 5000 NW 81st Terrace
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Coral Springs, FL	City & State 28: Coral Springs, FL
Zip 24: 33067 Country 25: U.S.	Zip 29: 33067 Country 30: U.S.

4. FEI Number: 65-0604819 ☐ 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	10. Name and Address of New Registered Agent
GILCHRIST, CHARLES H JR 8224 SEVERN DRIVE #96-D BOCA RATON FL 33433	81 Name: Gilchrist, Charles H. Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 5000 NW 81st Terrace 83: 84 City: Coral Springs FL 85 Zip Code: 33067

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: Charles H. Gilchrist, Jr. Charles H. Gilchrist, Jr. President 4/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GILCHRIST, CHARLES H JR		1.2 NAME	Gilchrist, Charles H. Jr.	
STREET ADDRESS	8224 SEVERN DRIVE #96-D		1.3 STREET ADDRESS	5000 NW 81st Terrace	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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 (9/96)

14. I do 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: Charles H. Gilchrist, Jr. Charles H. Gilchrist, Jr. 4/14/97 (954) 345-6172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0316512