PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P98000039441

CHAPARRAL ENTERPRISES, INC.									
•								}	
Principal Ptace	of Business	ailing Address				1			
13950 62ND ST N CLEARWATER FL 33760			13960 62ND ST N CLEARWATER FL 33760				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 04/29/1998		
Principal Place of Business 21			2a. Malling Address				4. FEI Number		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
- City & State			City & State				6, Election Campaign Financing \$5.00 May Be	}	
23			28				Trust Fund Contribution Added to Fees	⊣ .	
Zip				intry		8, This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	- } :		
24	25	29					Personal Property Tax.		
9. Name and Address of Current Registered Agent					81	Name	10. Maine and Address of the Anglistored Agent	_	
CHISHOLM, KARAN					•				
13950 62ND ST N			į		82	Street Add	Iress (P.O. Box Number is Not Acceptable)	_	
CLEARWATER FL 33760									
					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									
	Signature, typed or printed neme of registered agent OFFICERS ANI				r ngette ieda	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SI SI CRZE034 (11/98)		
TITLE	D OFFICERS AND	/ DINE	DELETE	1,1 7	TLE	Т	Change Additi	on E	
NAME	CHISHOLM, DONNA	12N					7.7		
1	13950 62ND ST N				ADDRESS				
STREET ADDRESS							<u>2</u> 2		
TITLE				_	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addit	on O	
NAME	CHISHOLM, GARY			22 N		- 1		}	
STREET ADDRESS				2.3 STREET ADDRESS		and the second control of the second control			
CITY-ST-ZIP	CLEARWATER FL 33760		- 1	2.4 CITY-ST-ZIP					
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NAME	CHISHOLM, KARAN	RAN . 321		. 3.2 N	WE		·		
STREET ADDRESS				3.3 ST	REET	ADDRESS		-	
CITY-ST-ZIP					3.4. CITY-ST-ZIP			_	
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NAME	CHISHOLM, RUSTY	4.2		4.2 N	AME		,		
STREET ADDRESS				4.3 S	REE	ADDRESS	•	- i	
CITY-ST-ZIP	CLEARWATER FL 33760			4.40	1Y-51	1-ZIP	·		
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NAME				5.2 N				1	
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CITY-ST-ZIP					TY- <u>\$</u>	r-ZIP			
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NAME				6.2 N				1	
	1			■ 63S	RFF1	ADDRESS I		1	

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 the truy signature shall have the same legal effect as if made under cath; 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 changing, or on an attachment with an address, with all other like empowered.

8.4 CITY-ST-ZP

CITY-ST-ZIP

4-28-99

May 05, 1999 8:00 am Secretary of State

05-05-1999 90037 017 ***150.00