

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:21

DOCUMENT # K17408

(1)

1. Corporation Name

CHUCK'S CONSTRUCTION CORPORATION

2. Principal Place of Business

P.O. BOX 1235
FT MYERS FL 33902-8235

3. Mailing Address

P.O. BOX 1235
FT MYERS FL 33902-8235

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1988

3a. Date of Last Report

02/07/1994

4. FEI Number

65-0030539

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

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITBECK, CHUCK
4321 COUNTRY CLUB BLVD
UNIT 202
CAPE CORAL FL 33904

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 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 of person submitting is printed in block letters)

(NOTE: Registered Agent Signature is printed when submitted)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

WHITBECK, CHUCK
4321 COUNTRY CLUB BLVD
CAPE CORAL FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

15. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PST

WHITBECK, CHUCK
4321 COUNTRY CLUB BLVD
CAPE CORAL FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

16. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

17. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

18. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

19. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

20. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or, if not, I am an individual empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as chairman, or on an officer, listed with an address.

SIGNATURE:

Chuck Whitbeck

CHUCK WHITBECK

02/15/95

813/851-2676

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

Date

Telephone Number