SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 20 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **160673** **(0)**

1. Corporation Name

CHASTAIN-SKILLMAN, INC.

Principal Place of Business	Mailing Address
4705 OLD HWY. 37 P.O. BOX 5710 LAKELAND FL 33807-5710	4705 OLD HWY. 37 P.O. BOX 5710 LAKELAND FL 33807-5710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/28/1950**
3a. Date of Last Report: **05/24/1994**

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

4. FEI Number: **59-0619876** ☐ 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

CHASTAIN, JAMES R
1602 LAKEWOOD DR
LAKELAND FL 33803

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	☒ Change ☐ Addition	
NAME	~~SCALES, BEN C~~	1.2 NAME	DELETE	
STREET ADDRESS	~~4623 KINGS POINT COURT~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~LAKELAND, FL 00000~~	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	☐ Change ☐ Addition	
NAME	CHASTAIN JR, JAMES R	2.2 NAME		
STREET ADDRESS	1602 LAKEWOOD DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	☐ Change ☐ Addition	
NAME	CAMPBELL, KENNETH R	3.2 NAME		
STREET ADDRESS	1504 EASTON DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	V ☒ Change ☐ Addition	
NAME	~~PORTER, MARK D~~	4.2 NAME	SCHULER, ROBERT P.	
STREET ADDRESS	~~5940 STRICKLAND~~	4.3 STREET ADDRESS	140 EAST CIRCLE ST	
CITY-ST-ZIP	~~LAKELAND, FL 00000~~	4.4 CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	T	5.1 TITLE	T ☒ Change ☐ Addition	
NAME	~~HODGES, STEPHEN R~~	5.2 NAME	FITZGERALD, SCOTT J.	
STREET ADDRESS	~~1825 BRAMBLEWOOD DR~~	5.3 STREET ADDRESS	18547 BRITTERN AV	
CITY-ST-ZIP	~~LAKELAND FL~~	5.4 CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: X Kenneth R. Campbell 7-17-95 941/646-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160427 FP