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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 160673

(0)

1. Corporation Name

CHASTAIN-SKILLMAN, INC.

Principal Place of Business

4705 OLD HWY. 37
P.O. BOX 5710
LAKELAND FL 33807-5710

Mailing Address

4705 OLD HWY. 37
P.O. BOX 5710
LAKELAND FL 33807-5710

3. Date Incorporated or Qualified
02/28/1950

3a. Date of Last Report
01/30/1996

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

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 JR.
1026 E. HIGHLAND DRIVE
LAKELAND FL 33813

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CHASTAIN JR, JAMES R
STREET ADDRESS 1026 E. HIGHLAND DRIVE
CITY-ST-ZIP LAKELAND, FL 00000

TITLE VDS ☐ DELETE

NAME CAMPBELL, KENNETH R
STREET ADDRESS P.O. BOX 2482 N/A
CITY-ST-ZIP LAKELAND, FL 00000

TITLE V ☐ DELETE

NAME SCHULER, ROBERT P
STREET ADDRESS 140 E CIRCLE ST
CITY-ST-ZIP AVON PARK FL

TITLE T ☐ DELETE

NAME DODDS, KEITH S
STREET ADDRESS 3142 E. HENDERSON CIRCLE
CITY-ST-ZIP LAKELAND FL

TITLE V ☐ DELETE

NAME HUNNICUTT, SUZANNE S
STREET ADDRESS 1825 OLEANDER DRIVE
CITY-ST-ZIP AVON PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V
Varney, Timothy C.
1802 Sandy Knoll Circle N
Lakeland FL 33803

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

Date

941 646-1402

Daytime Phone #

0307724

CR2E034 (9/96)