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Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1950	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0619876	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	CHASTAIN JR, JAMES R	1.2 NAME	Wilkerson, Michael C.
STREET ADDRESS	1026 E. HIGHLAND DRIVE	1.3 STREET ADDRESS	1159 Longwood Oaks Blvd
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	Lakeland, FL
TITLE	VDS	2.1 TITLE	
NAME	CAMPBELL, KENNETH R	2.2 NAME	
STREET ADDRESS	P.O BOX 2482 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	SCHULER, ROBERT P	3.2 NAME	
STREET ADDRESS	140 E CIRCLE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	DODDS, KEITH S	4.2 NAME	
STREET ADDRESS	3142 E. HENDERSON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	HUNNICUTT, SUZANNE S	5.2 NAME	
STREET ADDRESS	1825 OLEANDER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	VARNEY, TIMOTHY C.	6.2 NAME	
STREET ADDRESS	1802 SANDY KNOLL CIR. N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

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 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]* ARE REQUIRED

1-7-98 (941) 646-1402

CR2E034 (10/97)