

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 160673

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**

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90256 001 ***150.00

03-01-1999 90256 002 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1950

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 ☐ DELETE

V
WILKERSON, MICHAEL C
1159 LONGWOOD OAKS BLVD
LAKELAND FL

TITLE ☐ DELETE

VDS
CAMPBELL, KENNETH R
P.O. BOX 2482 N/A
LAKELAND, FL 00000

TITLE ☐ DELETE

V
SCHULER, ROBERT P
140 E CIRCLE ST
AVON PARK FL

TITLE ☐ DELETE

T
DODDS, KEITH S
3142 E. HENDERSON CIRCLE
LAKELAND FL

TITLE ☐ DELETE

V
HUNNICUTT, SUZANNE S
1825 OLEANDER DRIVE
AVON PARK FL

TITLE ☐ DELETE

V
VARNEY, TIMOTHY C.
1802 SANDY KNOLL CIR. N.
LAKELAND FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President
Chastain, James R. Jr
1026 E. Highland Drive
Lakeland, FL 33813

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Keith S. Dodds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

946/646-1402

Daytime Phone #

CR2E034 (1/198)

0430040