FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:16

DOCUMENT # **217589** **(1)**

1. Corporation Name
CHADBOURNE -EDWARD M- INC

Principal Place of Business	Mailing Address
4375 MCCOY DRIVE PENSACOLA FL 32503	4375 MCCOY DRIVE PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/29/1958	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	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 **59-0855996** ☐ 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

CHADBOURNE, EDWARD M. JR.
4375 MCCOY DR
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	CD	11 TITLE	AS	☐ Change ☒ Addition
NAME	CHADBOURNE, EDWARD M. JR	12 NAME	KING, RONDEL A.	
STREET ADDRESS	3261 SEVILLE DR.	13 STREET ADDRESS	505 RONDA ST.	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	PENSACOLA, FL	
TITLE	PD	21 TITLE	AS	☐ Change ☒ Addition
NAME	CHADBOURNE, EDWARD M,III	22 NAME	RAY, W. DEWAYNE	
STREET ADDRESS	2800 INVERNESS COURT	23 STREET ADDRESS	3336 CRESTVIEW LANE	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	GULF BREEZE, FL	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	NEWTON, ERIC	32 NAME		
STREET ADDRESS	5485 GROVES COURT	33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE	AVP	☒ Change ☐ Addition
NAME	DROSSOS, MARCHON E.	42 NAME	DEMARIA, F. BRIAN	
STREET ADDRESS	3921 COLLINGWOOD ROAD	43 STREET ADDRESS	4520 BOHEMIA DRIVE	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	PENSACOLA, FL	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	RIALS, RICHARD H.	52 NAME		
STREET ADDRESS	RT 11, BOX 313A	53 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DEMARIA, CAROLINE C.	62 NAME		
STREET ADDRESS	4520 BOHEMIA DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP		

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: Eric G. Newton 3-31-95 (904) 433-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERIC G. NEWTON

0384404 CP