

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00.

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY 23 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 265686

1. Corporation Name

CHENEY BROTHERS, INC.
Cheney Brothers, Inc.

Principal Place of Business Mailing Address

**516 MONCEAUX RD
W PALM BEACH, FL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/31/62 3a. Date of Last Report 1994

2. Principal Place of Business 2a. Mailing Address

21. **SAME** 2b. **SAME**

4. FEI Number 59-100 3104 Applied For Not Applicable

Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 28. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 25. Country USA 29. Zip 33405 30. Country PALM BEACH

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRON RUSSELL
516 MONCEAUX RD
W. Palm Beach, FL**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 his or her appointee

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PRESIDENT**
NAME: **BYRON C. RUSSELL**
STREET ADDRESS: **516 MONCEAUX ROAD**
CITY-ST-ZIP: **WEST PALM BEACH, FL 33405**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
600001497946
-05/24/95--01076--013
****208.75 ****208.75

TITLE: **VIC-PRESIDENT**
NAME: **PHILIP SCHWAB**
STREET ADDRESS: **516 MONCEAUX ROAD**
CITY-ST-ZIP: **WEST PALM BEACH, FL 33405**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: **SECRETARY**
NAME: **PATTI B. MOORE**
STREET ADDRESS: **516 MONCEAUX ROAD**
CITY-ST-ZIP: **WEST PALM BEACH, FL 33405**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: **TREASURER**
NAME: **NINA J. REID**
STREET ADDRESS: **516 MONCEAUX ROAD**
CITY-ST-ZIP: **WEST PALM BEACH, FL 33405**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE:
NAME:
STREET ADDRESS:
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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information reported on this filing is voluntarily furnished and does not qualify for the exemption under Section 107.07(3)(k), 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: *Patti B. Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 407/832-5585
Date Name (Print)

PATTI B. MOORE SECRETARY

EXPIRES BY MAY 1 RC