

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

FILED
Feb 10 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **339796** (5)
1. Corporation Name
CHALK LINE, INC.

Principal Place of Business

**POST OFFICE BOX 4848
SANFORD FL 32772-4848**

Mailing Address

**P. O. BOX 4848
SANFORD FL 32772-4848
US**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------|-------------------------|------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/08/1969 | |
| 21. Suite, Apt. #, etc. | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number 59-1233912 | Applied For <input type="checkbox"/> Not Applicable |
| 23. Zip | 24. Country | 28. Zip | 29. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**MCINTOSH, KENNETH W.
951 POWHATAN DRIVE
SANFORD FL 32771**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/98

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAKE, DUDLEY B | 1.2 NAME | |
| STREET ADDRESS | 1620 MAYFLOWER COURT ROOM 217-1 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAKE, MARILYN L | 2.2 NAME | |
| STREET ADDRESS | 1620 MAYFLOWER COURT APT A415-417 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCINTOSH, KENNETH W | 3.2 NAME | |
| STREET ADDRESS | 951 POWHATAN DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAKE, DUDLEY B. | 4.2 NAME | |
| STREET ADDRESS | 1620 MAYFLOWER COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 4.4 CITY-ST-ZIP | |
| TITLE | VD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAKE, MATTHEW F | 5.2 NAME | |
| STREET ADDRESS | 29512 SR 48 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SORRENTO FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 initially filed with an address.

SIGNATURE:

[Signature]

2/4/98 407 322 2171

CR2E034 (10/97)