

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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90084 036 ***150.00

DOCUMENT # 339796

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

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

3. Date Incorporated or Qualified

01/08/1969

4. FEI Number -

59-1233912

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

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, typed name and title of registered agent, or officer or director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BLAKE, DUDLEY B
STREET ADDRESS 1620 MAYFLOWER COURT ROOM 217-1
CITY-ST-ZIP WINTER PARK FL

TITLE VD
NAME BLAKE, MARILYN L
STREET ADDRESS 1620 MAYFLOWER COURT APT A415-417
CITY-ST-ZIP WINTER PARK FL

TITLE SD
NAME MCINTOSH, KENNETH W
STREET ADDRESS 951 POWHATAN DR.
CITY-ST-ZIP SANFORD FL

TITLE TD
NAME BLAKE, DUDLEY B.
STREET ADDRESS 1620 MAYFLOWER COURT
CITY-ST-ZIP WINTER PARK FL

TITLE VD
NAME BLAKE, MATTHEW F
STREET ADDRESS 29512 SR 46
CITY-ST-ZIP SORRENTO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/99 407 3222171

CR2E034 (1/98)