

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 07 1996 8:00 am
Secretary of State

DOCUMENT # 349886 (2)

1. Corporation Name

CHOCTOW INVESTMENT CORPORATION

Principal Place of Business

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32151

Mailing Address

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32151

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/28/1969

3a. Date of Last Report

05/01/1995

4. FEI Number

11-2201173

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 how it applies)

Signature (typed or printed name of registered agent and how it applies)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PD

GARDNER, JAMES E.

EXECUTIVE OFFICE, 1 CORPORATE DRIVE

PALM COAST FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VD

BUTLER, SAMUEL JR.

EXECUTIVE OFFICE, CORPORATE DRIVE

PALM COAST FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TD

ARMOUR, WILLIAM

EXECUTIVE OFFICE, CORPORATE DRIVE

PALM COAST FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

S

CUFF, ROBERT G., JR.

EXECUTIVE OFFICE, 1 CORPORATE DRIVE

PALM COAST FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

AS

POWERS, RICHARD

1330 AVE. OF THE AMERICA

NEW YORK NY

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

AS

BRAUNSTEIN, RICHARD

EXECUTIVE OFFICE, 1 CORPORATE DRIVE

PALM COAST FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

AS

BRAUNSTEIN, RICHARD

EXECUTIVE OFFICE, 1 CORPORATE DRIVE

PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 registered agent or a duly empowered person to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment, with an address.

SIGNATURE:

Robert G. Cuff

2/13/96

(904) 445-2677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)