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 JAN 31 PM 2:59

DOCUMENT # **364575** **(1)**

1. Corporation Name
CHAPMAN CONTRACTING COMPANY

Principal Place of Business	Mailing Address
9550 E. COLUMBUS DR B TAMPA FL 33619 US	9550 E. COLUMBUS DR B TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1970
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1284499 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

CHAPMAN, ROBERT E.
9550 E. COLUMBUS DR, SUITE B
TAMPA FL 33619

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 _____ 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	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	CHAPMAN, ROBERT E	1.2 NAME		
STREET ADDRESS	1002 EDGEMONT PLACE	1.3 STREET ADDRESS	4512 COUNTRY GATE COURT	
CITY-ST-ZIP	BRANDON, FL 00000	1.4 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, MORGAN	2.2 NAME		
STREET ADDRESS	508 CHASTAIN ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	VANDERHOOK, RICHARD W	3.2 NAME		
STREET ADDRESS	6709 LARIMER DR	3.3 STREET ADDRESS	4435 AVE CANNES	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33549	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, HOLLY H	4.2 NAME		
STREET ADDRESS	6529 KING PALM WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BCH FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, JANE	5.2 NAME		
STREET ADDRESS	2401 CROSBY RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, NICHOLAS E	6.2 NAME		
STREET ADDRESS	17320 DORMAN RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL	6.4 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: Holly H. Myers Holly H. Myers 1/26/95 (813) 621-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer

0290706 CP