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

DOCUMENT # 364575 **(1)**

1. Corporation Name
CHAPMAN CONTRACTING COMPANY

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

Mailing Address
9550 E. COLUMBUS DR
B
TAMPA FL 33619
US

3. Date Incorporated or Qualified: 05/25/1970
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-1294499 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. 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 ______ NOTE: Registered Agent signature required when reinstating DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CHAPMAN, ROBERT E	
STREET ADDRESS	4512 COUNTRY GATE COURT	
CITY-ST-ZIP	VALRICO FL	
TITLE	V	☐ DELETE
NAME	CHAPMAN, MORGAN	
STREET ADDRESS	508 CHASTAIN ROAD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	V	☐ DELETE
NAME	VANDERHOOK, RICHARD W	
STREET ADDRESS	4435 AVENUE CANNES	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	☐ DELETE
NAME	MYERS, HOLLY H	
STREET ADDRESS	6529 KING PALM WAY	
CITY-ST-ZIP	APOLLO BCH FL	
TITLE	S	☐ DELETE
NAME	BENNETT, JANE	
STREET ADDRESS	2401 CROSBY RD	
CITY-ST-ZIP	VALRICO FL	
TITLE	V	☐ DELETE
NAME	CHAPMAN, NICHOLAS E	
STREET ADDRESS	17320 DORMAN RD	
CITY-ST-ZIP	LITHIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		

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 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, Treasurer 2/2/96 (813) 621-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HOLLY H. MYERS

CR2E034 (12/95)