

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33619-7715
US



3. Date Incorporated or Qualified 05/25/1970
3a. Date of Last Report 02/06/1996

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 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAPMAN, ROBERT E
STREET ADDRESS 4512 COUNTRY GATE COURT
CITY-ST-ZIP VALRICO FL

TITLE V
NAME CHAPMAN, MORGAN
STREET ADDRESS 508 CHASTAIN ROAD
CITY-ST-ZIP SEFFNER FL

TITLE V
NAME VANDERHOOK, RICHARD W
STREET ADDRESS 4435 AVENUE CANNES
CITY-ST-ZIP TAMPA FL

TITLE T
NAME MYERS, HOLLY H
STREET ADDRESS 6529 KING PALM WAY
CITY-ST-ZIP APOLLO BCH FL

TITLE S
NAME BENNETT, JANE
STREET ADDRESS 2401 CROSBY RD
CITY-ST-ZIP VALRICO FL

TITLE V
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 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 Treasurer Holly H. Myers 2/1/97 (813) 621-2467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)