

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 FEB -2 PM 3:01

DOCUMENT # 389237 (9)

1. Corporation Name
CHATELAINE, INC.

Principal Place of Business
1701 S FLORIDA AVE
P O DRAWER 2787
LAKELAND FL 33806-9787

Mailing Address
1701 S FLORIDA AVE
P O DRAWER 2787
LAKELAND FL 33806-9787

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/30/1971
3a. Date of Last Report 02/01/1994
4. FEI Number 59-1367695
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
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28
29
30

9. Name and Address of Current Registered Agent

WEITZENKORN, OTTO
36648 MISSOURI AVENUE
DADE CITY FL 33525

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WEITZENKORN OTTO,	1.2 NAME	
STREET ADDRESS	36648 MISSOURI AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	MASSEY, M. CRAIG	2.2 NAME	
STREET ADDRESS	1701 S FLORIDA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	MASSEY, HERBERT S., III	3.2 NAME	
STREET ADDRESS	2380 CALIFORNIA ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 in an attachment with an addendum.

SIGNATURE:

OTTO WEITZENKORN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OTTO WEITZENKORN

1-28-95

904.567.5462

(Date)

(Telephone Number)