

**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**

95 JAN 23 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # 416704 (5)**  
1. Corporation Name  
**CHEWNING, KNIGHT, AND THOMAS, INC**

Principal Place of Business Mailing Address  
**C/O J. DOYLE THOMAS** **C/O J. DOYLE THOMAS**  
**PO BOX 339** **PO BOX 339**  
**CROSS CITY FL** **CROSS CITY FL**

3. Date Incorporated or Qualified **01/11/1973** 3a. Date of Last Report **01/21/1994**  
4. FEI Number **59-1453364** 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 2a. Mailing Address  
21 26  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**THOMAS, JOHN DOYLE**  
**BARBER AVENUE**  
**CROSS CITY FL 32628**

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 re-registering)

| 12. OFFICERS AND DIRECTORS |                         |
|----------------------------|-------------------------|
| TITLE                      | <b>PD</b>               |
| NAME                       | <b>KNIGHT, LAWRENCE</b> |
| STREET ADDRESS             | <b>US HIGHWAY #19</b>   |
| CITY-ST-ZIP                | <b>CROSS CITY FL</b>    |
| TITLE                      | <b>SD</b>               |
| NAME                       | <b>CHEWNING, HAL</b>    |
| STREET ADDRESS             | <b>JONES ST</b>         |
| CITY-ST-ZIP                | <b>CROSS CITY FL</b>    |
| TITLE                      | <b>TD</b>               |
| NAME                       | <b>THOMAS, J. DOYLE</b> |
| STREET ADDRESS             | <b>ST.HWY. #351</b>     |
| CITY-ST-ZIP                | <b>CORSS CITY FL</b>    |
| TITLE                      |                         |
| NAME                       |                         |
| STREET ADDRESS             |                         |
| CITY-ST-ZIP                |                         |
| TITLE                      |                         |
| NAME                       |                         |
| STREET ADDRESS             |                         |
| CITY-ST-ZIP                |                         |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: *J. Doyle Thomas* **J. Doyle Thomas, Treasurer 01-17-95 (904) 498-3900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printed)