

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murthari
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **417460** (3)

1. Corporation Name

CHEVET'S NORTH, INC.



Principal Place of Business

**2048 NORTH MONROE ST
TALLAHASSEE FL 32303**

Mailing Address

**2048 NORTH MONROE ST
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

01/24/1973

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1446850

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

9. Name and Address of Current Registered Agent

**BURDICK, MORTON L.
2048 NORTH MONROE STREET
TALLAHASSEE FL 32303**

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 607.0105, Florida Statutes.

SIGNATURE

Signature of authorized officer or director of registered agent, if the business is a corporation

Signature of registered agent, if the business is a corporation

DATE

12.

OFFICERS AND DIRECTORS

TITLE

VST

☐ DELETE

NAME

BURDICK, LOIS B.

STREET ADDRESS

1204 APPELYARD DR

CITY-STATE-ZIP

TALLAHASSEE FL

TITLE

PD

☐ DELETE

NAME

BURDICK, MORTON L.

STREET ADDRESS

1204 APPELYARD DRIVE

CITY-STATE-ZIP

TALLAHASSEE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

Zip code is 32304

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

Zip code is 32304

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

☐ Change

☐ Addition

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

☐ Change

☐ Addition

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

☐ Change

☐ Addition

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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:

Morton L. Burdick

Morton L. Burdick

2/7/96

904-385-8926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)