

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90039 048 ***158.75

DOCUMENT # 460118

1. Entity Name
CHAPMAN CONSTRUCTION, INC.



Principal Place of Business
6085 GREENLAND RD.
JACKSONVILLE, FL 32258

Mailing Address
6085 GREENLAND RD.
JACKSONVILLE, FL 32258

94013453



DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1552626

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, FRANKLIN
5200 GREENLAND RD.
JACKSONVILLE, FL 32258

**DO NOT WRITE
IN THIS SPACE**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAPMAN, FRANKLIN
STREET ADDRESS	5200 GREENLAND RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	S
NAME	CHAPMAN, MARJORIE
STREET ADDRESS	5200 GREENLAND RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	V
NAME	CHAPMAN, THOMAS
STREET ADDRESS	1766 PITCH PINE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	T
NAME	CHAPMAN, RICHARD
STREET ADDRESS	1715 DEBBIE LANE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

Date

Daytime Phone #

904-268-8874