

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **462611** (5)
1. Corporation Name
CHELSEA INVESTMENT MANAGEMENT COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**111 WEST FORTUNE
TAMPA FL 33602-3206**

Mailing Address
**111 WEST FORTUNE
TAMPA FL 33602-3206**

3. Date Incorporated or Qualified
10/03/1974

3a. Date of Last Report
08/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1730416

Applied For
Not Applicable

State Apt. #, etc.

State Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. Zip

25. Security

29. Zip

30. Security

8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CalLEN, DAVID H.
111 W FORTUNE ST.
TAMPA FL 33602**

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

(Print Name of Registered Agent, if Registered Agent is not the Secretary of the Corporation)

(Print Name of Registered Agent, if Registered Agent is not the Secretary of the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CALLEN, ROBINSON
STREET ADDRESS	111 W FORTUNE ST.
CITY, ST, ZIP	TAMPA FL
TITLE	VS
NAME	CALLEN, JAN
STREET ADDRESS	111 W FORTUNE ST.
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	CALLEN, DAVID H.
STREET ADDRESS	111 W FORTUNE ST.
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claim no liability for the exemption stated in Sections 119.07(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. 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 filing, or on an attachment with an address.

SIGNATURE:

Robinson Callen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26

(305) 532 9112
TELEPHONE NUMBER