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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

DOCUMENT # 462611

(5)

CHELSEA	INVESTMENT	MANAGEMENT	COMPANY	MC
OHLLLOCA	ILAA FO LIAICIA I	INNINACINEIAI	CUMPANT.	INU.

Principal Place of Business Mailing Address 111 WEST FORTUNE 111 WEST FORTUNE TAMPA FL 33602-3206 TAMPA FL 33602-3206 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1974 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 26 59-1730416 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address o New Registered Agent 81 Name CALLEN, DAVID H. Street Address (P.O. Box Number is Not Acceptable) 82 111 W FORTUNE ST. **TAMPA FL 33602** 8.3 84 City **B**5 z'ip 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Hegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DELETE 1. 1 TITLE ☐ Change Addition NAM CALLEN, ROBINSON 1.2 NAME 111 W FORTUNE ST. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE ٧S **□** DELETE 2.1 DILE ☐ Change Addition NAME CALLEN, JAN 2.2 NAME STREET ADDRESS 111 W FORTUNE ST. 2.3 STREET ADDRESS TAMPA FL CITY-ST-7IP 2.4 CITY - \$1 - 2IP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME CALLEN, DAVID H. 32 NAME STREET ADDRESS 111 W FORTUNE ST. 3.3. STREET ADDRESS TAMPA FL CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE DELETE 4.1 DILE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE ☐ Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6. 1 TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST-ZIP 64 CITY-ST-ZIP

CR2E034 (12/95)

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 Statules. 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 it made under cath; that I am an officer or director of the corporation or the receiver of rustee 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,