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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 515204 (6)

1. Corporation Name

CHENOWETH & FAULKNER, INC.

Principal Place of Business

Mailing Address

100 E. MADISON STR.
SUITE 300
TAMPA FL 33602

100 E. MADISON STR.
SUITE 300
TAMPA FL 33602

3. Date Incorporated or Qualified
09/28/1976

3a. Date of Last Report
05/01/96

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1689306

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

10. Name and Address of New Registered Agent

CHENOWETH, RONALD P.
100 E. MADISON STR.
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

(Signature required on printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME
CHENOWETH, RONALD P.
STREET ADDRESS
5805 S. GORDON AVE
CITY-STATE-ZIP
TAMPA FL

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VSD
NAME
FAULKNER, GABRIELE
STREET ADDRESS
5805 S. GORDON AVE
CITY-STATE-ZIP
TAMPA FL

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VSD
NAME
FAULKNER, GABRIELE
STREET ADDRESS
5805 S. GORDON AVE
CITY-STATE-ZIP
TAMPA FL

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VSD
NAME
FAULKNER, GABRIELE
STREET ADDRESS
5805 S. GORDON AVE
CITY-STATE-ZIP
TAMPA FL

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VSD
NAME
FAULKNER, GABRIELE
STREET ADDRESS
5805 S. GORDON AVE
CITY-STATE-ZIP
TAMPA FL

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VSD
NAME
FAULKNER, GABRIELE
STREET ADDRESS
5805 S. GORDON AVE
CITY-STATE-ZIP
TAMPA FL

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

400002177704
-05/14/97--01005--011
***165.00

14. I, the undersigned, 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 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 on Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

[Signature]

(Signature and typed or printed name of signing officer or director)

4/29/97

(813) 224-0011

CR2E034 (9/96)