

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 12:08

DOCUMENT # **590619** (3)

1. Corporation Name
JOE A. CHAMBLISS, INC.

Principal Place of Business Mailing Address
201 NW 127TH AVE. PLANTATION FL 33325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/13/1978** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-1854886** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBLISS, JOE A.
201 NW 127TH AVE.
PLANTATION, FL H 33325**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	CHAMBLISS, JOE A.
STREET ADDRESS	201 N.W. 127TH AVE.
CITY - ST - ZIP	PLANTATION FL
TITLE	VSD
NAME	CHAMBLISS, GERALDINE M.
STREET ADDRESS	201 N.W. 127TH AVE.
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	CHAMBLISS, GLADYS W
STREET ADDRESS	201 N.W. 127TH AVE.
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	MARIA, LENA S
STREET ADDRESS	201 N.W. 127TH AVE.
CITY - ST - ZIP	PLANTATION FL
TITLE	VD
NAME	ESKRIDGE, I H JR
STREET ADDRESS	RT 3 BOX 216 A
CITY - ST - ZIP	PRATTVILLE AL
TITLE	VD
NAME	KEMP, DEIRDRE
STREET ADDRESS	3252 FOXCROFT RD.
CITY - ST - ZIP	MIRAMAR FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 registered agent 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: *Joe A. Chambliss* **JOE A. CHAMBLISS 305472**
DATE: **1-9-95** 7962