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Feb 11 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 # 593296 (7)

1. Corporation Name  
C H F SALES CORP.

Principal Place of Business  
2645 LAWRENCEVILLE HWY  
P O BOX 33678  
DECATUR GA 30033

Mailing Address  
2645 LAWRENCEVILLE HWY  
P O BOX 33678  
DECATUR GA 30033-0678



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

3. Date Incorporated or Qualified

11/14/1978

3a. Date of Last Report

04/17/1996

4. FEI Number

59-1883274

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MASON, CHARLES E.  
808 19TH AVENUE  
NEW SMYRNA BEACH FL 32169

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, typed or 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

NAME  
ST  
MASON, JAN  
STREET ADDRESS  
2645 LAWRENCEVILLE HWY  
CITY - ST - ZIP  
DECATUR, GA 00000

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
PD  
MASON, CHARLES JR  
STREET ADDRESS  
2645 LAWRENCEVILLE HWY  
CITY - ST - ZIP  
DECATUR, GA 00000

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Zip 30033

TITLE ☐ DELETE

NAME  
D  
MASON, CHARLES E., SR.  
STREET ADDRESS  
808 19TH AVENUE  
CITY - ST - ZIP  
NEW SMYRNA BEACH FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Zip 30033

TITLE ☒ DELETE

NAME  
V  
TODD, JAMES W.  
STREET ADDRESS  
2645 LAWRENCEVILLE HWY  
CITY - ST - ZIP  
DECATUR GA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Zip 32169

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

14. I do 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011349

CR2E034 (9/96)