

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

APPROVED  
AND  
FILED

95 APR 25 AM 7:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 607021 (3)

1. Corporation Name  
PAUL CHELL, INC.

Principal Place of Business Mailing Address  
230 N A1A SHOPPING CNTR 230 N A1A SHOPPING CNTR  
P.O. BOX 372312 P.O. BOX 372312  
SATELLITE BEACH FL 32937-0312 SATELLITE BEACH FL 32937-0312  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/17/1979 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1879254 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 U.S. Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30  
24 25 29 30

9. Name and Address of Current Registered Agent

CHELL, PAUL L.  
230 N A1A SHOPPING CNTR  
P.O. BOX 372312  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Applicable) 230 N A1A SHOPPING CNTR PO BOX 372312  
83 32937-0312  
84 City FL 85 Zip Code 32937-0312

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                    |
|-----------------|--------------------|
| TITLE           | PT                 |
| NAME            | CHELL, PAUL        |
| STREET ADDRESS  | 230 HWY A1A        |
| CITY - ST - ZIP | SATELLITE BEACH FL |
| TITLE           | VS                 |
| NAME            | CHELL, JAMES A.    |
| STREET ADDRESS  | 230 HWY A1A        |
| CITY - ST - ZIP | SATELLITE BEACH FL |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 230 N. A1A Shopping Center PO Box 372312                                     |
| 1.4 CITY - ST - ZIP | 32937-0312                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  | 230 N. A1A Shopping Center PO Box 372312                                     |
| 2.4 CITY - ST - ZIP | 32937-0312                                                                   |
| 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 119.07(3)(4), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

4-20-95 407-773-7532