## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 687267

(5)

CHAPLIN PROPERTIES, INC.

D: 15											
Principal Place of Business Mailing Address							1 (44)16 61(6) 16	111 18919 HEIS BAU 198		61811 81811 B1811	B:811 1241
2430 N.W. 73RD PLACE GAINESVILLE FL 32606  2430 N.W. 73RD PLACE GAINESVILLE FL 32653-1							,			•	
							3. Date Incorpora 09/10/1980			ate of Last Re /20/1996	eport
2. Principal Pl	ace of Business	2a	. Mailing Address				4. FEI Number	<u>,                                    </u>	Ve		plied For
21		26					59-20694	88			t Applicable
Suite, Apt	#, otc.		Suite, Apt. #, etc.		• • • •		5. Certificate of 5			\$8.75	
22		27					G. Obrinicate or c	Autos Besned		Fee Re	
City & State	}		City & State				6. Election Camp	-		\$5.00 Added 1	
<b>23</b>	Country	28	Zip	Cou	intry	,	Trust Fund Co	on has liability for			
24	25	29	E.ik	30	,		Florida Statute		Yes [		199.052,
	9. Name and Address of Curre		stered Agent	1901			10. Name and Ad		gistered	Agent	
JOH	NSON, GLENN				81	Name					
	N.W. 73RD PLACE				82	Street Add	ress (P.O. Box Number	er is Not Acceptat	ole)		
GAII	NESVILLE FL 32653										
					83						
					84	City			FL	85 Zip i	Code
11 Puze sont t	to the provisions of Sections 607.050	12 and (	GOZ 1508, Florida Stat	utes the a	bow	e-named cor	poration submits this	statement for the r		-     f changing it	s registered
office or re	egistered agent, or both, in the State m famil ar with, and accept the oblic	of Fior	ida. Such change wa:	s authorize	id by	/ the corpora	tion's board of directo	ors. I hereby acce	pt the app	xintment as	registered
J	m armitar with, and accept the obig	janons c	A, Section 607.0005,	riuliua əta	(LILE)	<b>5</b> .					
SIGNATURE	Silgnatura, Green or printed transport registerios ass	ed arcoll	heizapphoatde (N	OTE Bagistere	d Age	ent signature requ	ired when reinstating)		DATE		
12.	OFFICERS AN	id dire		13.			ADDITIONS/CH	IANGES TO OFFIC	CERS AN		····
TITLE	Р		DEFELE	1,1 T						Change	Addition
NAME	JOHNSON, GLENN				IAMÉ						
STREET ADDRESS	2430 N.W. 73RD PLACE					ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL		DELETE	1.4 C 2.1 T		ST - ZIP	<del></del>			Change	Addition
TITLE			L Deter	221						L.J Orkingo	
NAME STREET ADDRESS						ADDRESS					
CITY - ST - 20°						SI-ZIP					
THE			☐ DELFTE	31 T						Change	Addition
NAME				321	IAME						
STREET ADDRESS				3.3 \$	TREE	ADDRESS					
CHY-ST-ZF				3.4. (	CITY ·	SI-7IP					
11TLF			☐ DELETE	4.1 T	IILE					☐ Change	L Addition
NAME					NAME						
STREET ADDRESS				1		T ADDRESS					
CHTY - ST - ZIP			☐ DELETE			ST - ZIP				☐ Change	Addition
TILLE			ן אנננונ	517						— numige	C Vagarion
NAME PROPERT ANNAMEDS				1	IAMÉ STREET	r address					
STREET ADDRESS						ST-ZIP					
CITY - ST - ZiP Titly F			DELETE		ITLE	31-21				Change	Addition
NAME .					IAME					• • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS						T ADDRESS					,
C-TY-ST-7)P						ST-ZIP					

14. Loo 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 preceiver 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 shanged, or an an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-352-376-6219

**FILED** 

Jan 14 1997 8:00am

Secretary of State