FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F35270** **(0)**

1. Corporation Name
CHAMAN CORPORATION

Principal Place of Business	Mailing Address
995 HWY. 77 SOUTH PO BOX 606 CHIPLEY FL 32428	995 HWY. 77 SOUTH PO BOX 606 CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/18/1961**
3a. Date of Last Report: **05/17/1994**

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

4. FEI Number: **59-2129007** ☐ 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

MUHAMMAD I ZAFAR
135 GILBERT DR.
P O BOX 606
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name: Muhammad I. ZaFar
82 Street Address (P.O. Box Number is Not Acceptable): 1000 S. Blvd.
83: PO Box 606
84 City: Chipley **FL** 85 Zip Code: 32428

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] President 4-11-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	MUHAMMAD, IDREES MD	1.2 NAME		
STREET ADDRESS	112 SW BELLAIRE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMBAY, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ZAFAR, SHADAB	2.2 NAME	ZaFar Shadab	
STREET ADDRESS	135 GILBERT DR.	2.3 STREET ADDRESS	1000 S. Blvd	
CITY-ST-ZIP	CHIPLEY, FL 00000	2.4 CITY-ST-ZIP	Chipley FL 32428	
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	ZAFAR, MUHAMMAD I	3.2 NAME	ZaFar, Muhammad I.	
STREET ADDRESS	135 GILBERT DR.	3.3. STREET ADDRESS	1000 S. Blvd	
CITY-ST-ZIP	CHIPLEY, FL 00000	3.4 CITY-ST-ZIP	Chipley FL 32428	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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 addition.

SIGNATURE: [signature] 3-21-95 9046387623
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Muhammad I. ZaFar

0410000 FP