

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:35

DOCUMENT # F70509

(7) B-7460

1. Corporation Name

RICHARD CHATELIER, INC.

Principal Place of Business

1055 VINELAND ROAD
P.O. BOX 1221
WINDERMERE FL 34786

Mailing Address

~~1055 VINELAND ROAD~~
P.O. BOX 1221
WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1982

3a. Date of Last Report
04/29/1994

2. Principal Place of Business

21 1055 Vineland Rd

2a. Mailing Address

26 P.O. Box 1221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Winter Garden FL

City & State

28 Windermere FL

Zip

24 34786

Country

25 USA

Zip

29 34786

Country

30

4. FEI Number
59-2178377

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. 199.132,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHATELIER, RICHARD
10640 MOORE DRIVE
GOTHA FL 32734

10. Name and Address of New Registered Agent

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

Richard Chatelier
Signature, typed or printed name of registered agent and title if applicable

Richard Chatelier

4-24-95

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P
CHATELIER, RICHARD L
10640 MOORE RD
GOTHA FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VP
CHATELIER, DOREEN
10640 MOORE RD
GOTHA FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

V Pres.

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

President

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 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:

Doreen Chatelier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

407 877-7885

Date

Daytime Phone #