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 APR -4 AM 10:21

DOCUMENT # **F94000002126 (0)**

1. Corporation Name

CHESAPEAKE HOLDINGS FORT MYERS, LIMITED CORPORATION

Principal Place of Business	Mailing Address
110 S. PACA STREET BALTIMORE MD 21201	110 S. PACA STREET BALTIMORE MD 21201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 52-1826094 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	S	☒ Change ☐ Addition
NAME	SUTTON, GARY W	12 NAME	DELETE	
STREET ADDRESS	25 S. CHARLES STREET	13 STREET ADDRESS		
CITY-ST ZIP	BALTIMORE MD 21201	14 CITY-ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	DEFELICE, NICHOLAS A	22 NAME		
STREET ADDRESS	110 S. PACA STREET	23 STREET ADDRESS		
CITY ST ZIP	BALTIMORE MD 21201	24 CITY ST ZIP		
TITLE	P	31 TITLE	P	☒ Change ☐ Addition
NAME	BROOKS, CHAUNCEY II	32 NAME	Brooks, Chauncey III	
STREET ADDRESS	110 S. PACA STREET	33 STREET ADDRESS		
CITY ST ZIP	BALTIMORE MD 21201	34 CITY ST ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	CARLIN, JAMES R	42 NAME		
STREET ADDRESS	110 S. PACA STREET	43 STREET ADDRESS		
CITY ST ZIP	BALTIMORE MD 21201	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	KALIS, MICHAEL M	52 NAME		
STREET ADDRESS	110 S. PACA STREET	53 STREET ADDRESS		
CITY ST ZIP	BALTIMORE MD 21201	54 CITY ST ZIP		
TITLE	VAS	61 TITLE	VAS	☒ Change ☐ Addition
NAME	MATHEWS, LOUISE P JR	62 NAME	Mathews, Louis P. Jr.	
STREET ADDRESS	110 S. PACA STREET	63 STREET ADDRESS		
CITY ST ZIP	BALTIMORE MD 21201	64 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)(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: CHESAPEAKE HOLDINGS FORT MYERS LIMITED CORPORATION
By: _____
SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF OFFICER OR DIRECTOR
Chauncey Brooks III, President

Date _____ (410) 347-6964
Daytime Phone #

030300 FP