

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

FILED  
Jun 03 1997 8:00am  
Secretary of State

DOCUMENT # F94000002126 (0)

1. Corporation Name  
CHESAPEAKE HOLDINGS FORT MYERS, LIMITED CORPORAT  
ION

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

Mailing Address  
110 S. PACA STREET  
BALTIMORE MD 21201-1609



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
04/25/1994

3a. Date of Last Report  
04/01/1996

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

10. Name and Address of New Registered Agent

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

(NOT: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DEFELICE, NICHOLAS A  
STREET ADDRESS 110 S. PACA STREET  
CITY-ST-ZIP BALTIMORE MD 21201

TITLE P  
NAME LAMBERT, GEORGE A.  
STREET ADDRESS 110 S. PACA STREET  
CITY-ST-ZIP BALTIMORE MD

TITLE V  
NAME CHAUNCEY, BROOKS III  
STREET ADDRESS 110 S. PACA STREET  
CITY-ST-ZIP BALTIMORE MD

TITLE V  
NAME KALIS, MICHAEL M  
STREET ADDRESS 110 S. PACA STREET  
CITY-ST-ZIP BALTIMORE MD 21201

TITLE VAS  
NAME MATHEWS, LOUISE P. JR.  
STREET ADDRESS 110 S. PACA STREET  
CITY-ST-ZIP BALTIMORE MD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 sole owner, partner, or sole proprietor of the corporation, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an affidavit.

SIGNATURE

*[Signature]* 5/2/97 410-347-6963

CR2E034 (9/96)