FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000003766 (1)**

1. Corporation Name

W. CHESTER, COMPANY, INC.

Principal Place of Business

1899 MASIES CT
OVIEDO FL 32766

Mailing Address

PO BOX 1639
MONTAGUE NJ 07827

3. Date Incorporated or Qualified **08/03/1995**

3a. Date of Last Report

4. FEI Number **22-3233274** ☐ 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

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

FISHER, JOHN
1899 MASIES CT
OVIEDO FL 32766

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 (Required if Agent signature required above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DCPS** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**FISHER, T. W.**	1.2 NAME	
STREET ADDRESS	**527 RT. 206**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**MONTAGUE NJ 32766**	1.4 CITY-ST-ZIP	
TITLE	**T** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**FISHER, T. W.**	2.2 NAME	
STREET ADDRESS	**527 RT. 206**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**MONTAGUE NJ 32766**	2.4 CITY-ST-ZIP	
TITLE	**DCV** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**FISHER, JOHN**	3.2 NAME	
STREET ADDRESS	**1899 MASIES CT**	3.3 STREET ADDRESS	
CITY-ST-ZIP	**OVIEDO FL 32766**	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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/We 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: X *T W Fisher* 1/27/96 201 293 3466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T W Fisher President

CR2E034 (12/95)