

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90071 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000006018

1. Corporation Name

CHIEF MANAGEMENT INC.

Principal Place of Business

PO BOX 10335
BRADENTON FL 34282

Mailing Address

PO BOX 10335
BRADENTON FL 34282

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

59-3469707

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEADRICK, G
2108 49TH AVE W.
BRADENTON FL 34207

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

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

(NOTE: Registered Agent signature required when reinstating)

1/5/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME HEADRICK, GARY
STREET ADDRESS 4550 47TH ST W, APT 814
CITY-ST-ZIP BRADENTON FL 34210

1.1 TITLE

☐

Change ☐ Addition

NAME HEADRICK, GARY

1.2 NAME

STREET ADDRESS 4550 47TH ST W, APT 814

1.3 STREET ADDRESS

CITY-ST-ZIP BRADENTON FL 34210

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME MCCALL, CAROL N
STREET ADDRESS 3 MISHAWAUKA
CITY-ST-ZIP KEOKUK IO 52632

2.1 TITLE

☐

Change ☐ Addition

NAME MCCALL, CAROL N

2.2 NAME

STREET ADDRESS 3 MISHAWAUKA

2.3 STREET ADDRESS

CITY-ST-ZIP KEOKUK IO 52632

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME HEADRICK, D.M.
STREET ADDRESS 4 MELODY CT.
CITY-ST-ZIP KEOKUK IO 52632

3.1 TITLE

☐

Change ☐ Addition

NAME HEADRICK, D.M.

3.2 NAME

STREET ADDRESS 4 MELODY CT.

3.3 STREET ADDRESS

CITY-ST-ZIP KEOKUK IO 52632

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

4.1 TITLE

☐

Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE

☐

Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE

☐

Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)