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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name F97000006780 (7)

CHILLINGTON INVESTMENTS LTD., INC.

Principal Place of Business Mailing Address

## **FILED** May 27 1998 8:00am Secretary of State



ONE BEACH DRIVE SE. STE 220 ST PETERSBURG FL 33701					ONE BEACH DRIVE SE. STE 220 ST PETERSBURG FL 33701					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/22/1997					
2. Principat Place of Business					2a. Mailing Address					4.	. FEI Number			Applied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						+	APPLIED FOR		\$8.7	Not Applicable  5 Additional	
22				27						6.	. Certificate of Status Desired			Required	
City & State  23  Zip Country				City & State						6.	<ul> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ul>			00 May Be led to Fees	
Zip 24			29 30			Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
			s of Current Re	gister	ed Agent		T		10.	Name and Address of New R	egistered A	gent			
ROBERGE, THOMAS C									Name						
ONE <b>BE</b> ACH DRIVE, SE STE 220 ST PETERSBURG FL 33701							82	S	treet Addre	dress (P.O. Box Number is Not Acceptable)					
	OI FEIENOD	UNG PL 35	וטו				63	-							
							84	_	ity				los i	Zip Code	
							1		·			FL			
office	or regi <b>ste</b> red ag	gent, or both,	in the State of F	lorida.	Such chang	o was auth	orized by	/ the	amed corporation	oration on's b	on submits this statement for the board of directors. I hereby acceptage	purpose of	changir intment	g its registered as registered	
<b>a</b> gent.	Lam lambar w	ith, and acce	pt the obligation	is of, S	Section 607. <b>0</b> 9	505, Florida	a Statutes	<b>S</b> .	,		,,,			and to ground the	
SIGNATUR	Signature, typed	for printed name of	of registered agent an	I title if a	ppdicable	(NOTE Re	gistared Apo	ent si	gnature require	d when	n reinslatin <b>o</b> )	DATE			
12.			LICERS AND D			, , , , , ,	13.				ADDITIONS/CHANGES TO OFFI		DIREC1	FORS IN 12	
TITLE	PCSD				☐ DEL	ETE	1.1 TITLE						Chan	ge 🔲 Addition	
NAME		ROBERT					1.2 NAME								
STREET ADDRES		SE STE 220	1.3 \$			1.3 STREET	ADO	RESS							
CITY-ST-ZIP	VID	ERSBURG I	<u>-L</u>		DEL	Tr	1.4 CITY - S	1-ZI	P				1 00	A A DOL	
TITLE NAME		PAMELA			L DELI	I I E	2.1 TITLE					i	Chan	ge Addition	
STREET ADDRES			SE STE 220				2.2 NAME 2.3 STREET	. nn	orce						
CITY-ST-ZIP		ERSBURG I					2 4 City-St-Zip		!						
TITLE			<u></u>		DELE	TE	31 THLE	), - L	"				Chan	ge Addition	
NAME							3.2 NAME					_		-	
STREET ADDRES	ss						3.3 STREET	ADD	RESS						
CITY-ST-ZIP							3.4. CITY - S	ST - ZI	IP .						
TITLE					☐ DELE	re	4.1 TITLE						Chan	ge 🔲 Addition	
NAME							4. 2 NAME								
STREET ADDRES	SS						4.3 STREET	ADD	RESS				,	,	
CITY-ST-ZIP			·		DELE	TE	4.4 CITY - S	T- 211	Р				1 000	- / Addition	
TITLE NAME						.16	5.1 TITLE					//	Z Chang	ge Addition	
STREET ADDRES	20					ľ	5.2 NAME 5.3 STREET	4 D D	nene				5	ブクク	
CITY-ST-ZIP	,						5.3 STREET					7/ /	A	~ +	
TITLE					☐ DELE	TE	6.1 TITLE	1 - 211		·		$\mathcal{I} \mathcal{I}_{T}$	Chang	ge Addition	
NAME							6.2 NAME				<b>5000025</b> 5 -05/28/98010 ***150.00	1937	'!S '		
STREET ADDRES	SS						6.3 STREFT	ADDI	RESS		-05/28/98010	1704:	3		
CITY-ST-ZIP							6.4 CITY-ST				***150.UU				

14. Thereby certify that the information supplied with this filing closs 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 trusted 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.