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FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G20150

(0)

1. Corporation Name:
CHAMBERS GROVES, INC.

Principal Place of Business:

25201 S.W. 147TH AVE.
HOMESTEAD FL 33031
US

Mailing Address:

25201 S.W. 147TH AVE.
HOMESTEAD FL 33032-5324
US



2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State:

23 Zip:

24 Country:

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State:

28 Zip:

29 Country:

3. Date Incorporated or Qualified:

01/25/1983

3a. Date of Last Report:

02/20/1996

4. FEI Number:

59-2243141

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:

CHAMBERS, THOMAS R.
25201 SW 147 AVE
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent:

11 Name:

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

13

14 City:

FL

15 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 reinstalling)

DATE:

12. OFFICERS AND DIRECTORS:

TITLE: PD
NAME: CHAMBERS, THOMAS R
STREET ADDRESS: 25201 S.W. 147TH AVE.
CITY - ST - ZIP: HOMESTEAD FL 33031

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ DELETE
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STREET ADDRESS:
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NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ DELETE
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; that I am the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRES. T.R. CHAMBERS 2/19/97. 305-246-4582

CR2E034 (9/96)