

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G44675**

(8)

1. Corporation Name

CHATSWOOD INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**6340 RATTLESNAKE HAMMOCK RD.
NAPLES FL 33962**

**6340 RATTLESNAKE HAMMOCK RD.
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/22/1983

04/12/1994

4. FET Number

Applied For

59-2347019

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

City

State

City

State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILGER, EARL

**6340-3 RATTLESNAKE HAMMOCK RD.
NAPLES FL 33962**

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 of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
HILGER, EARL J.
6340 RATTLESNAKE HMK RD
NAPLES FL**

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VST
GALLMAN, WILLIAM K., JR.
6340 RATTLESNAKE HMK RD
NAPLES FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☒ Change ☐ Addition

**4940 6th AVE SW
NAPLES FL 33999**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
GALLMAN, WILLIAM K., JR.
6340 RATTLESNAKE HMK RD
NAPLES FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 in person. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

William K. Gallman Jr.

WILLIAM K GALLMAN JR

4/30/95

(813) 352-0289