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

FILED
May 05 1998 8:00am
Secretary of State

DOCUMENT # **G63463** **(5)**

1. Corporation Name
CHESTER DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
6800 OLD 441 HWY. SOUTH OF M. DORA 6700 CHESTERHILL LANE MOUNT DORA FL 32757	6800 OLD 441 HWY. SOUTH OF M. DORA 6700 CHESTERHILL LANE MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1983

4. FEI Number **59-2340531** | 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	**Suite, Apt. #, etc.** 27
City & State 23	**City & State** 28
Zip 24	**Country** 25	**Zip** 29	**Country** 30

9. Name and Address of Current Registered Agent

SINISI, ENNA C.
6800 OLD HIGHWAY 991
MT. DORA FL 32757

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD ☐ DELETE **NAME** SINISI, ENNA C. **STREET ADDRESS** 6800 OLD HIGHWAY 441 **CITY-ST-ZIP** MT. DORA FL	1.1 TITLE *PD.* 1.2 NAME 1.3 STREET ADDRESS *Enna C. Sinisi President* 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE S ☐ DELETE **NAME** CHESTER, CAROLYN E. **STREET ADDRESS** 6800 OLD HIGHWAY 441 **CITY-ST-ZIP** MT. DORA FL	2.1 TITLE *DIRECTOR* 2.2 NAME *CHESTER, CAROLYN E.* 2.3 STREET ADDRESS *1718 4th AVE., APT. 105* 2.4 CITY-ST-ZIP *PLATTSMOUTH, NE 68048* ☒ Change ☐ Addition
TITLE T ☐ DELETE **NAME** CHESTER, EDMUND A., JR. **STREET ADDRESS** 790 DELMAR CT. **CITY-ST-ZIP** TITUSVILLE FL	3.1 TITLE *T/S* 3.2 NAME *CHESTER, EDMUND A. JR.* 3.3 STREET ADDRESS *6800 OLD 441 HWY* 3.4 CITY-ST-ZIP *MOUNT DORA, FL 32757* ☒ Change ☐ Addition
TITLE V ☐ DELETE **NAME** CHESTER, CYNTHIA M **STREET ADDRESS** 6800 OLD 441 HWY. **CITY-ST-ZIP** MOUNT DORA FL 32757	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: x *Enna C. Sinisi*   Enna C. Sinisi   April 26 1998   383-2662