Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90014 015 ***150.00

03-12-1999 90014 016 *****8.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G63463** 1. Corporation Name

CHESTER DEVELOPMENT COMPANY

Principal Place	of Business	Mailing Address							
6800 OLD 441 H 6700 CHESTERH MOUNT DORA I		6800 OLD 441 HWY. SOUTH 6700 CHESTERHILL LANE MOUNT DORA FL 32757				DO NOT WR	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						10/04/1983			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-2340531		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	equired
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the cur	ent year Inta	ıngible	
24	25	29	30			Personal Property Tax.		☐ Yes	No
	9. Name and Address of Currer	nt Registered Agent	,			10. Name and Address of New	Registered A	\gent	
				81	Name				-
SNISI, ENNA C.						Ida a de Companya da Maria Amanda	-bl-\		
6800 OLD HIGHWAY 991				82	Street A	ddress (P.O. Box Number is Not Accept	able)		ĺ
MT. DORA FL 32757				83					
				84	City		FL	85 Zip (Code
		4500 51 11 61 11						hanging its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	inonzec	יעסנ	the corpor	orporation submits this statement for the ation's board of directors. I hereby acce	pt the appoin	tment as re	gistered
SIGNATURE /	· Kan in A C	and FNI	No	1	~ `	N. 6	ã	1-22	-99
SIGNATURE	Signature, typed or printed name of registered age	ent and file if applicable. (NOTE:	egistered	Agen	t dig het de dec		DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	DELETE	1.1 TI	TLE				Change	☐ Addition
NAME	SINISI, ENNA C.		12 N	AME					
STREET ADDRESS	6800 OLD HIGHWAY 441		1.3 ST	TREET	ADDRESS				
CITY-ST-ZIP	MT. DORA FL		1.4 C	TY-ST	-ZIP	<u> </u>			
TITLE	D	☐ DELETE	2 1 TI	2 1 TITLE				Change	☐ Addition i
NAME	CHESTER, C E		2.2 N	AME					
STREET ADDRESS	1718 4TH AVE, APT 105		2.3 5	TREET	ADDRESS				
CITY-ST-ZIP	PLATTS MOUTH NE 68048		2, 4 0	ITY-S	T-ZIP	•			
TITLE	TS	☐ DELETE	3.1 TI					Change	☐ Addition
NAME	CHESTER, E A J		32 N	AME					
STREET ADDRESS	6800 OLD 441 HWY			-	ADDRESS				
	MUT DORA FL 32757			ITY-S	l.				
CITY-ST-ZIP	V	□ DELETE	4.1 TI		1-211-			Change	Addition

14. I hereby certify that the information supplied with this filling 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 C.TY-ST-ZIP

4.4 CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CHESTER, CYNTHIA M

MOUNT DORA FL 32757

6800 OLD 441 HWY.

ENNA C. SINISI

DELETE

☐ DELETE

Change ~ -- Addition-

Change

☐ Addition