

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H39214 (2)

1. Corporation Name

H.T. CHITTUM MANAGEMENT COMPANY, INC.

Principal Place of Business

% BARRY S. FRANKLIN
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

Mailing Address

% BARRY S. FRANKLIN
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/23/1985

3a. Date of Last Report
02/21/1994

4. FEI Number
59-2476691

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business ~~22748 Overseas Highway~~
21 ~~40 East Flagler Street~~

2a. Mailing Address ~~22748 Overseas Highway~~
26 ~~40 East Flagler Street~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~Penthouse 104~~

27 ~~Penthouse 104~~

City & State ~~Islamorada, Florida~~

City & State ~~Islamorada, Florida~~

23 ~~Miami, Florida~~

28 ~~Miami, Florida~~

Zip ~~33036~~

Country ~~Monroe~~

Zip ~~33036~~

Country ~~Monroe~~

24 ~~33131~~

25 ~~Bade~~

29 ~~33131~~

30 ~~Bade~~

9. Name and Address of Current Registered Agent

FRANKLIN, BARRY S.
% YOUNG, FRANKLIN, MERLIN & BERMAN, PA
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name ~~Barry S. Franklin~~ Jaymie Chittum
82 Street Address (P.O. Box Number is Not Acceptable) ~~40 East Flagler Street~~ 82748 Overseas Highway
83 ~~Penthouse 104~~
84 City ~~Miami~~ Islamorada FL 85 Zip Code ~~33036~~ 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

~~X Jaymie E. Chittum~~ Jaymie E Chittum 4/10/95

Signature, typed or printed name of registered agent and 110 if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHITTUM, HAROLD T., III
STREET ADDRESS 82748 OVERSEAS HWY
CITY - ST - ZIP ISLAMORADA FL

TITLE D
NAME NEGLEY, RICHARD
STREET ADDRESS 300 CONVENT ST.
CITY - ST - ZIP SAN ANTONIO TX

TITLE D
NAME HAYNE, PECK
STREET ADDRESS 1221 SECOND ST.
CITY - ST - ZIP NEW ORLEANS LA

TITLE DS
NAME CHITTUM, JAYMIE
STREET ADDRESS 82748 OVERSEAS HWY
CITY - ST - ZIP ISLAMORADA FL

TITLE VT
NAME CHITTUM, JAYMIE
STREET ADDRESS 82748 OVERSEAS HWY
CITY - ST - ZIP ISLAMORADA FL

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/10/95

Date

(305) 852 4133

Telephone Number