NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY 1 PM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H46377 (8)

CHILLINGSWORTH, INC.

Principal Place of Business
00 CR 46A
35 SR 44 E
RRENTO FL 32776

Mailing Address
26100 CR 46A
23235 SR 44 E
SORRENTO FL 32776
US

3. Date Incorporated or Qualified: 03/11/1985
3a. Date of Last Report: 05/11/1994

4. FEI Number: 59-2575413 — Applied For / Not Applicable

5. Certificate of Status (optional) — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. Florida Statutes — Yes / No

9. Name and Address of Current Registered Agent

WILCOX, NANCY
26100 C.R. 46A
SORRENTO FL 32776

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 Section 607.1622(2), Florida Statutes, the corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any net effect of such changes may affect its status as a registered agent. I am familiar with and accept the obligations of a registered agent under Florida Statutes.

UPDATED

12. CURRENT OFFICERS AND DIRECTORS

CPT
WILCOX, NANCY D
23235 SR 44 E
EUSTIS FL

V
WILCOX, TIMOTHY D
23235 SR 44 E
EUSTIS FL

D
DIANE D. FYFE
37340 N. CR 44A
EUSTIS FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

14. I hereby certify that the information supplied with this report is true and complete, to the knowledge stated in Section 607.0120(5), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and complete 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 manager or managing member to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached amendment, or on previously filed documents.

SIGNATURE: Nancy D Wilcox — 5-1-95 — 904-589-9125

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR
Nancy D Wilcox

0061162 CP