PRO CORPOF ANNUAL 19 9	RATION REPORT	FLORIDA DEPAI	RTMENT OF STATE 3. Mortham by of State CORPORATIONS	FIL Jan 16 199 Secretary	
DOCUME 1. Corporation Name CHICO MAR	NT # H67750	D (0)	·		,
Principal Place of Bu	Jsiness	Mailing Address			
% ROBERT H. KAHN. JR. % ROBERT H. KAHN. 320 W. LEE ST. 320 W. LEE ST. PENSACOLA FL 32501 PENSACOLA FL 3250				DO NOT WRITE IN 3. Date Incorporated or Qualified	
				07/22/1985	·
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2614437	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country	Zip 29	Country	8. This corporation owes or has paid Personal Property Tax due June 30). 🖾 Yes 🗖 No
	Name and Address of Curren OBERT H., JR.	t Registered Agent	81 Name	10. Name and Address of New Regis	itered Agent
320 W. L			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
5			83		<u></u> <u></u>
			84 City		85 Zip Code
<u> </u>					FL
SIGN JATURE	provisions of Sections 607.0502 ed agent, or both, in the State liar with, and accept the obliga e. yped or printed name of registered ager			corporation submits this statement for the purporation's board of directors. I hereby accept the service when reinstating)	FL
SIGI JATURE Signatur		nt and title if applicable, (NOTI	es, the above-named c authorized by the corpo rida Statutes. E: Rogistered Agent signature re 13.		DATE
SIGN JATURE Signature 12. 14. LE PD Al LE KAL	e, typed or printed name of registered ager	nt and title if applicable, (NOTI	es, the above-named c authorized by the corpo prida Statutes. E: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	equired when reinstating)	DATE
SIG) JATURE Signature	Nyped or printed name of registered ager OFFICERS AND	A and title if applicable. (NOTI D DIRECTORS	es, the above-named c authorized by the corpor rida Statutes. E: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- 2IP	equired when reinstating)	DATE
SIGI JATURE Signature	N, ROBERT H., JR. W. LEE ST. ISACOLA FL LOWAY, DOROTHY K. 7 BAYOU BLVD	nt and title if applicable, (NOTI	es, the above-named c authorized by the corpor- rida Statutes. E: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICEF	DATE
SIG) JATURE Signature	Nyped or printed name of registered ager OFFICERS AND N, ROBERT H., JR. W. LEE ST. ISACOLA FL LOWAY, DOROTHY K.	A and title if applicable. (NOTI D DIRECTORS	es, the above-named c authorized by the corpor- rida Statutes. E: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- 2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST- 2IP 3.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICEF	DATE
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SIG) JATURE Signature	N, ROBERT H., JR. W. LEE ST. ISACOLA FL LOWAY, DOROTHY K. 7 BAYOU BLVD	A and title if applicable. (NOTI	es, the above-named c authorized by the corpor- rida Statutes. E: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICEF	DATE DATE IS AND DIRECTORS IN 12 Change Addition
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SIG) JATURE Signature	N, ROBERT H., JR. W. LEE ST. ISACOLA FL LOWAY, DOROTHY K. 7 BAYOU BLVD	A and the if applicable. (NOTI	es, the above-named c authorized by the corporation of the corporation	ADDITIONS/CHANGES TO OFFICEF	DATE DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
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