

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H69384** (6)

1. Corporation Name

J.A. CHAMBERLAIN, INC.



Principal Place of Business

Mailing Address

~~821 WATER PL.~~
~~413 CARDINAL OAKS COURT~~
LONGWOOD FL 32750
US

821 WATERWAY PL.
~~413 CARDINAL OAKS COURT~~
LONGWOOD FL 32750
US

3. Date Incorporated or Qualified
07/31/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **821 WATERWAY PL.**

26 **821 WATERWAY PL.**

4. FEI Number
59-2678212

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **LONGWOOD, FL**

28 **LONGWOOD, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip **32750**

Country

29 Zip **32750**

Country

30 **SEMINOLE**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBERLAIN, JOHN A.
413 CARDINAL OAKS COURT
LAKE MARY FL 32746

81 Name **CHAMBERLAIN, JOHN A.**
82 Street Address (P.O. Box Number is Not Acceptable)
3743 S. ATLANTIC AVE
83 **10 - A**
84 City **DAYTONA BCH. SH. FL**

85 Zip Code
32127

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 the corporation

(If the Registered Agent signature is required when submitting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CHAMBERKAIN, JOHN A.**
STREET ADDRESS **821 WATERWAY PL.**
CITY - ST - ZIP **LONGWOOD FL**

TITLE **STD** ☐ DELETE
NAME **CHAMBERLAIN, JOANN P.**
STREET ADDRESS **821 WATERWAY PL.**
CITY - ST - ZIP **LONGWOOD FL**

TITLE **VD** ☐ DELETE
NAME **CHAMBERLAIN, JOSEPH T.**
STREET ADDRESS **941 BUCKSAW PLACE**
CITY - ST - ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 (changed) or on an attachment with an address **JOHN A. CHAMBERLAIN**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407-313-4838

CR2E034 (12/95)