FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State **1998** DIVISION OF CORPORATIONS DOCUMENT # H88155 (7)**CHAPMAN & FREDRICK, INC.** Principal Place of Business Mailing Address % WARD E. DAHLGREN % ward e. Dahlgren 1750 RINGLING BLVD 1750 RINGLING BLVD SARASOTA FL 34236-6836 SARASOTA FL 34236-6836 3. 2. Principal Place of Business 2a. Mailing Address 4. 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. 22 City & State City & State 6. 23 28 Zip Zip Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. DAHLGREN, WARD E. 1750 RINGLING BLVD SARASOTA FL 34230 office or registered agent, or both, in the State of Florida. Such change was authorized be agent. I am (amiliar with, and accept the obligations of, Section 607.0505, Florida Statute OFFICERS AND DIRECTORS 12. DELETE TITLE 1.1 TITLE CHAPMAN, HARVEY W. NAME 1.2 NAME 3912 32ND ST. W. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 1.4 CITY - ST - 7IP TITLE DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE

FILED May 15 1998 8:00am Secretary of State

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DO NOT UNITE	- IN 110	00.400			
DO NOT WRITE	IN THIS	SPACE			
Date Incorporated or Qualified					
12/02/1985					
FEI Number		Applied For			
59-2607767				t Appli	
Certificate of Status Desired		\$8.75 Additional Fee Required			
Election Campaign Financing		\$5.00 May Be			
Trust Fund Contribution		Added to Fees			
This corporation owes or has pa	aid the cu	urrent ye	ar Int	angible	, _
Personal Property Tax due June	30.	Yes Yes		No	
Name and Address of New Re	gistered	Agent			
d. French			_		
O. Box Number is Not Acceptal	ple) ⁴	<u></u>			
#	5	423	0		
	FL	8 5	Zip (
n submits this statement for the part of directors. I hereby acce	purpose o pt the ap	of chang pointme	ging it nt as	s regist registe	tered red
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reinstating)	DATE				
ADDITIONS/CHANGES TO OFFIC	CERS AN	D DIRE	CTOR	S IN 12	2
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CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing 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 attachmost with an address.

32 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

TITLE

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