

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 10 PM 2:46**

**DOCUMENT # J01914 (7)**

1. Corporation Name

**CHASTEEN ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1390 LAKE JOSEPHINE DR.  
SEBRING FL 33872-6410

1390 LAKE JOSEPHINE DR.  
SEBRING FL 33872-6410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/28/1986

02/28/1994

4. FEI Number

59-2685766

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHASTEEN, JERRY D.  
1390 LAKE JOSEPHINE DR.  
SEBRING FL 33870

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP  
NAME: CHASTEEN, JERRY D.  
STREET ADDRESS: 1390 LAKE JOSEPHINE DR.  
CITY - ST - ZIP: SEBRING FL

1.1 TITLE  Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

1.2 NAME  Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

1.3 STREET ADDRESS  Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

1.4 CITY - ST - ZIP  Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

2.1 TITLE  Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

2.2 NAME  Change  Addition

2.3 STREET ADDRESS  Change  Addition

2.4 CITY - ST - ZIP  Change  Addition

3.1 TITLE  Change  Addition

3.2 NAME  Change  Addition

3.3 STREET ADDRESS  Change  Addition

3.4 CITY - ST - ZIP  Change  Addition

4.1 TITLE  Change  Addition

4.2 NAME  Change  Addition

4.3 STREET ADDRESS  Change  Addition

4.4 CITY - ST - ZIP  Change  Addition

5.1 TITLE  Change  Addition

5.2 NAME  Change  Addition

5.3 STREET ADDRESS  Change  Addition

5.4 CITY - ST - ZIP  Change  Addition

6.1 TITLE  Change  Addition

6.2 NAME  Change  Addition

6.3 STREET ADDRESS  Change  Addition

6.4 CITY - ST - ZIP  Change  Addition

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 recorder or election commissioner to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, or on an attached report with my address.

SIGNATURE:

*Jerry D. Chasteen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

1-16-95 813-885-1581