FILE 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
1995 MAY -1 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J37022 (7)

1. Corporation Name
CHAMBERLAND CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
3602 NW 82 AVE. 3602 N.W. 82ND AVENUE CORAL SPRINGS FL 33065	3602 NW 82 AVE. 3602 N.W. 82ND AVENUE CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1986
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 6601 Lyons Rd C-3
22: Suite, Apt. #, etc.
23: City & State: Coconut Ck, FL
24: Zip: 33073 25: County: Broward

2a. Mailing Address
26: 6601 Lyons Rd
27: Suite, Apt. #, etc.: C-3
28: City & State: Coconut Creek FL
29: Zip: 33073 30: County: Broward

4. FEI Number: 59-2722035 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

CHAMBERLAND, PETER
3602 N.W. 82ND AVENUE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 6601 Lyons Rd
93: C-3
94 City: Coconut Ck FL 95 Zip Code: 33073

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] 4-27-95
(Typed or printed name of registered agent and title if officer) (NOTE: Registered Agent's signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CHAMBERLAND, PETER	12 NAME	
STREET ADDRESS	3602 NW 82 AVE.	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	000001484660
STREET ADDRESS		33 STREET ADDRESS	-05/11/95--01090--015
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	SCC 5-1-95

14. I declare(d), certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: [signature] 4-27-95 3054282677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0100760 CP