

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

95 APR 26 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J53881 (5)

1. Corporation Name

H.T. CHITTUM BAYSIDE, INC.

Principal Place of Business

C/O BARRY S. FRANKLIN
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

Mailing Address

C/O BARRY S. FRANKLIN
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1987

3a. Date of Last Report

02/18/1994

2. Principal Place of Business

21 ~~40 East Flagler Street~~ ^{82748 Overseas Highway}

Suite, Apt. #, etc.

22 ~~Penthouse 104~~

City & State ~~Miami, Florida~~ ^{Islamorada, Florida}

23 ~~Miami, Florida~~

Zip ~~33131~~ ³³⁰³⁶

Country ~~Florida~~ ^{Monroe}

24 ~~33131~~

2a. Mailing Address

26 ~~40 East Flagler Street~~ ^{82748 Overseas Highway}

Suite, Apt. #, etc.

27 ~~Penthouse 104~~

City & State ~~Miami, Florida~~ ^{Islamorada, Florida}

28 ~~Miami, Florida~~

Zip ~~33131~~ ³³⁰³⁶

Country ~~Florida~~ ^{Monroe}

29 ~~33131~~

4. FEI Number

59-2772271

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

FRANKLIN, BARRY S.
C/O YOUNG, FRANKLIN, MERLIN & BERMAN, PA
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent -

81 Name

~~Barry S. Franklin~~ ^{Jaymie Chittum}

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

~~40 East Flagler Street~~ ^{82748 Overseas Highway}

83

~~Penthouse 104~~

84 City

~~Miami~~ ^{Islamorada}

FL

85 Zip Code ~~33131~~ ³³⁰³⁶

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

~~Jaymie E. Chittum~~ ^{Jaymie E. Chittum}

4/10/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

HAYNE, C. PECK.

STREET ADDRESS

1221 SECOND ST.

CITY - ST - ZIP

NEW ORLEANS LA

TITLE

D

NAME

NEGLEY, RICHARD B.

STREET ADDRESS

300 COVENANT ST/28TH FLR

CITY - ST - ZIP

SAN ANTONIO TX

TITLE

PD

NAME

CHITTUM, HAROLD T. III

STREET ADDRESS

82748 OVERSEAS HIGHWAY

CITY - ST - ZIP

ISLAMORADA FL

TITLE

VSTD

NAME

CHITTUM, JAYMIE E.

STREET ADDRESS

82748 OVERSEAS HIGHWAY

CITY - ST - ZIP

ISLAMORADA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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 of this report, or on a supplemental report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

(305) 8524133