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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION C	F CORPORATIONS		
1. Corporation		38 (9)			
CHAS	WOLOHAN, INC.			A MAANUSA BUUKA BUUKA BAKAR AFRARA J	 
Principal Place	of Business	Mailing Address			
904 GOLDEN BEACH BLVD VENICE FL 34285		904 GOLDEN BEAC VENICE FL 34285	H BLVD		
VC/WOD 12	V1230	TENIOC TE STEEDS		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/27/1987	01/19/1995
¬	nce of Business	2a. Malling Address		4. FEI Number	Applied For
21 Suite, Apt. i	#, elc.	Suite, Apt. #, etc.		- 59-2776815	Not Applicable \$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		Election Campaign Financing     Trust Fund Centribution	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country 25	Zir)	Gountry 30	8. This corporation has liability for Florida Statutes	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New	Registered Agent
			81 Name		
	e, stephen K.		82 Street	Address (P.O. Box Number is Not Accepta	ble)
	VENIDA DEL CIRCO		83		
VENICE	E FL 33595				
			84 Crty		FL 85 Zip Code
SIGNATURE	ed agent, or both, in the State of Fix h, and accept the obligations of, Se Stauton, based or proted minical registrating		ized by the corporation's is.	orporation submits this statement for the public board of directors. Thereby accept the appropriate the public of	páru
12.	OFFICERS A	ND DIRECTORS	13.		FIGERS AND DIRECTORS IN 12
TIBLE	PST	[] DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	WOLOHAN, J. CHARLES		1.2 NAME		
STREET ACCRESS	904 GOLDEN BEACH BLV	<b>D</b>	1.3 STREET ADDRESS		
CHY-ST-7/2	VENICE FL	DELETE	1.4 CHY-ST-ZIP 2.1 THUE		☐ Change ☐ Addition
NAME	D Wolohan, J. Charles		2.2 NAME		change nearest
STREET ADDRESS	904 GOLDEN BEACH BLV	TD	2.3 STREET ADDRESS		
CHY ST ZP	VENICE FL		24 CHY+ST ZIP		
THLE		DELETE	3 TIILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CHY-ST ZIP THEF		DELFTE	3.4 CHY+SI+ZIP 4.1 HILF		Change Addition
NAME		Ξ,	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-S1-7iF			4.4.0(*Y+S)+7(P		
TOTALE		[_] DELETE	5 : 10LF		Change Addition
NAME CHICKLASSISSION			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CINY-S1-7IP TIBLE		DELETE	54CTY-SE 7P 6 1 TTLE		Change Addition
NAME			6.2 NAME		
STREET ANDRESS			6 3 STREET ADDRESS		
CITY-ST-7IP			€ 4 City St-ZiP		
14. I do hereby	cert fy that the information supplied	d with this filing is voluntarily for	nished and does not qua	lify for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further

14. Too hereby certly that the information supplied with this hing is voluntary turnshed and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR