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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90038 022 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K04499

1. Corporation Name

CHACO CONSTRUCTION, INC.

Principal Place of Business

935 OAKDALE STREET
WINDERMERE FL 34786
US

Mailing Address

P.O. BOX 100
WINDERMERE FL 34786
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1987

4. FEI Number

59-2878912

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

TRISMEN, RICHARD F.
213 W. COMSTOCK
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME CHASE, FRANK W., III
STREET ADDRESS 935 OAKDALE STREET
CITY-ST-ZIP WINDERMERE FL 34786

TITLE VP ☐ DELETE

NAME CHASE, ELLEN S.
STREET ADDRESS 935 OAKDALE STREET
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ASD ☐ DELETE

NAME BROWN, MARJORIE A.
STREET ADDRESS 213 W. COMSTOCK
CITY-ST-ZIP WINTER PARK FL 32790

TITLE SD ☐ DELETE

NAME TRISMEN, RICHARD F.
STREET ADDRESS 213 W COMSTOCK
CITY-ST-ZIP WINTER PARK FL 32790

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

407-876-0308

Daytime Phone #

CR2E034 (11/98)