

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:32

DOCUMENT # **K06808** (5)

1. Corporation Name

CHAPMAN & CHAPMAN ASSOCIATES, INC.

Principal Place of Business

1035 22ND AVE.
VERO BEACH FL 32960

Mailing Address

1035 22ND AVE.
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/14/1987	3a. Date of Last Report 03/16/1994
4. FBI Number 65-0111493	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	

2. Principal Place of Business	2a. Mailing Address
21 300 S.W. South River Drive	26 300 S.W. South River Drive
22 Suite Apt # etc #201	27 Suite Apt # etc #201
23 City & State STUART FL	28 City & State STUART FL
24 Zip 34997	29 Zip 34997
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAPMAN, HERBERT L JR. 1035-22ND AVE. PO BOX 55 VERO BCH. FL 32960.	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 300 SW South River Drive 83 #201 84 City STUART FL 85 Zip Code 34997

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 Required for Current Name of Registered Agent and New Agent Name)

(DATE) Registered Agent Signature Required when New Agent

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
CITY, ST, ZIP		3. STREET ADDRESS	300 SW South River Drive #201
TITLE	NAME	4. CITY, ST, ZIP	STUART, FL 34997
NAME	STREET ADDRESS	5. TITLE	☐ Change ☐ Addition
CITY, ST, ZIP		6. NAME	
TITLE	NAME	7. STREET ADDRESS	
NAME	STREET ADDRESS	8. CITY, ST, ZIP	
CITY, ST, ZIP		9. TITLE	☐ Change ☐ Addition
TITLE	NAME	10. NAME	
NAME	STREET ADDRESS	11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	14. NAME	
CITY, ST, ZIP		15. STREET ADDRESS	
TITLE	NAME	16. CITY, ST, ZIP	
NAME	STREET ADDRESS	17. TITLE	☐ Change ☐ Addition
CITY, ST, ZIP		18. NAME	
TITLE	NAME	19. STREET ADDRESS	
NAME	STREET ADDRESS	20. CITY, ST, ZIP	
CITY, ST, ZIP		21. TITLE	☐ Change ☐ Addition
TITLE	NAME	22. NAME	
NAME	STREET ADDRESS	23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the corporation stated in the laws 115 (1) (1) (1) Florida Statutes. I further certify that the information submitted 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 137, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE:

Herbert L. Chapman Jr PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HERBERT L. CHAPMAN, JR.

3-228

407 288 6504