

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90009 002 ***150.00

DOCUMENT # K13044

1. Corporation Name
CHC SERVICES, INC.

Principal Place of Business

1700 S TAMiami TRAIL
SARASOTA FL 34239
US

Mailing Address

C/O ACCOUNTING SERVICES
1700 S. TAMiami TRAIL
SARASOTA FL 34239
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1988

4. FEI Number

65-0043738

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.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P. O. Box 3258

Suite, Apt. #, etc.

27 Attn: J. Hugh Middlebrooks

City & State

28 Sarasota, FL 34230-3258

Zip

Country

29 34230-3258

30

USA

9. Name and Address of Current Registered Agent

MARSHALL, ELIZABETH C., ESQ.
200 SOUTH ORANGE AVENUE
SARASOTA FL 34230

10. Name and Address of New Registered Agent

81 Name J. Hugh Middlebrooks, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
200 S. ORange Ave.

83

84 City Sarasota

FL

85 Zip Code 34236

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ST BAUMANN, CHARLES R
STREET ADDRESS 1858 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME D ALBERTSON, DON
STREET ADDRESS 1700 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME C COVERT, MICHAEL H
STREET ADDRESS 1700 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* Michael H. Covert, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0477386