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

05-14-1999 90009 002 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K13044**

1. Corporation Name  
**CHC SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified  
**01/20/1988**

4. FEI Number  
**65-0043738**

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 29 30

2a. Mailing Address

26 P. O. Box 3258

27 Suite, Apt. #, etc.

27 Attn: J. Hugh Middlebrooks

28 City & State

28 Sarasota, FL 34230-3258

29 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]* **3/1/99** DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>BAUMANN, CHARLES R</b>                 |
| STREET ADDRESS             | <b>1858 RINGLING BLVD.</b>                |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                        |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>ALBERTSON, DON</b>                     |
| STREET ADDRESS             | <b>1700 SOUTH TAMiami TRAIL</b>           |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                        |
| TITLE                      | <b>C</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>COVERT, MICHAEL H</b>                  |
| STREET ADDRESS             | <b>1700 S TAMiami TRAIL</b>               |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                        |
| TITLE                      | <input type="checkbox"/> DELETE           |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> DELETE           |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> DELETE           |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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**

CR2E034 (11/98)