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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE:

CHORLEY INVESTMENT CORPORATION Principal Place of Business Mailing Address 79 SOUTH CANAL DRIVE PALM HARBOR FL 34684-1102					
				3. Date Incorporated or Qualified 12/01/1988	3a. Date of Last Report 04/12/1996
2. Principal F	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21		26		59-2909749	Not Applicabl
Suite, Apt	! #, ntc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ile	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes 🔛 No
	9. Name and Address of Cui EGORY, KENNETH C.	rent Hegistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
11. Pursuant office or agent 1.	t to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	0502 and 607.1508, Florida Stat tale of Florida. Such change was oligations of, Section 607.0505, F	83 84 City utes, the above-named cors authorized by the corporational Statutes.	rporation submits this statement for the pation's board of directors. I hereby accep	FL 85 Zip Code urpose of changing its registered the appointment as registered
SIGNATURE	Signature typed or pointed name of registered	d agent and title if applicable (No	OTE: Registered Agent signature requ	uired when reinstaling)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THE	DPT Gregory, Kenneth C.	☐ DELETE	1.1 TITLE 1.2 NAME		Change
STREET ADDRESS	TO 0 041141 DD		1.3 STREET ADORESS		
CHY-SI-ZIP	PALM HARBOR FL		14 CITY-ST-ZIP		
TIFLE		DELETE	2.1 TITLE		Change Additio
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		- Pittle	32 NAME		C origings C MOUNTED
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZiE			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - 7/P	ļ	1 horre	4.4 CITY - ST - ZIP		Channe
TifeE NAME		DELETE	51 TITLE		Change Addition
NAME expect anothern			5.2 NAME		
STREET ADORESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip		
THE		DELETE	6.1 TITLE		Change Addition
NAME		_ - 	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

6.4 CITY-ST-ZIP 14. I do 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.