

*** FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 ***

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1996 ~~1994~~

1. Corporation Name
CHARLES C. CHILLINGWORTH, P.A.

DOCUMENT #
K49639

Mailing Address
**2090 Palm Beach Lakes Blvd.
#800
West Palm Beach, FL 33409**

Principal Place of Business
**2090 Palm Beach Lakes Blvd.
#800
West Palm Beach, FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1988

3a. Date of Last Report
1994

4. FEI Number
65-0093549

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

6. Elect to Compromise
Filing Fee
**\$5.00 May Be
Added to Fees**

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**Charles C. Chillingworth
2090 Palm Beach Lakes Blvd.
Suite 800
West Palm Beach, FL 33409**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

DATE

SIGNATURE

(Registering Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

11 TITLE
PD
12 NAME
CHILLINGWORTH, CHARLES C.
13 STREET ADDRESS
2090 Palm Beach Lakes Blvd., #800
14 CITY-ST-ZIP
W Palm Beach, FL

21 TITLE
S
22 NAME
FEKETE, HELEN K.
23 STREET ADDRESS
2090 Palm Beach Lakes Blvd., #800
24 CITY-ST-ZIP
W Palm Beach, FL

31 TITLE
VP D
32 NAME
CONWAY, JEANNE O.
33 STREET ADDRESS
2090 Palm Beach Lakes Blvd., #800
34 CITY-ST-ZIP
W Palm Beach, FL

41 TITLE
T
42 NAME
HARMON, KIM T.
43 STREET ADDRESS
2090 Palm Beach Lakes Blvd., #800
44 CITY-ST-ZIP
W Palm Beach, FL 33409

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13.

CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**800001829978
-05/20/96-01059-035
***200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Helen K. Fekete

Date

4-29-96

Daytime Phone #

407/6406000