FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K65620** **(2)**

1. Corporation Name
CHAFFEE COURT, INC.

Principal Place of Business
5367 ORTEGA BLVD.
JACKSONVILLE FL 32210

Mailing Address
5367 ORTEGA BLVD.
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: **02/14/1989**

3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2933428** ☐ 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

9. Name and Address of Current Registered Agent

BOYD, WILLIAM E
5367 ORTEGA BLVD
4355 GALILEO AVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: **William E. Boyd**
82 Street Address (P.O. Box Number is Not Acceptable)
4366 Roma Blvd
83 **5367 Ortega Blvd**
84 City: **Jacksonville** **FL** 85 Zip Code: **32210**

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: W. E. Boyd DATE: 2/6/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PD	☐ DELETE	11 TITLE ☐ Change ☐ Addition
Name	BECKER-BOYD, RUTH P		12 NAME
Street Address	4401 LAKESIDE DR		13 STREET ADDRESS
City-St-Zip	JACKSONVILLE FL		14 CITY-ST-ZIP
Title	VPSD	☐ DELETE	21 TITLE ☐ Change ☐ Addition
Name	BOYD, C.T. III		22 NAME
Street Address	4414 MCGIRTS BLVD		23 STREET ADDRESS
City-St-Zip	JACKSONVILLE FL		24 CITY-ST-ZIP
Title	VPTD	☐ DELETE	31 TITLE VPTD ☒ Change ☐ Addition
Name	BOYD, W.E.		32 NAME W. E. Boyd
Street Address	4355 GALILEO AVE		33 STREET ADDRESS 4366 Roma Blvd
City-St-Zip	JACKSONVILLE FL		34 CITY-ST-ZIP Jacksonville FL 32210
Title		☐ DELETE	41 TITLE ☐ Change ☐ Addition
Name			42 NAME
Street Address			43 STREET ADDRESS
City-St-Zip			44 CITY-ST-ZIP
Title		☐ DELETE	51 TITLE ☐ Change ☐ Addition
Name			52 NAME
Street Address			53 STREET ADDRESS
City-St-Zip			54 CITY-ST-ZIP
Title		☐ DELETE	61 TITLE ☐ Change ☐ Addition
Name			62 NAME
Street Address			63 STREET ADDRESS
City-St-Zip			64 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: W. E. Boyd **904-389-6868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. E. Boyd, Vice President

Date Daytime Phone #