

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K74353 (9)**

1. Corporation Name

WALTON H. CHANCEY & ASSOCIATES, ARCHITECT, P.A.



Principal Place of Business

**1902 REPUBLICA DE CUBA
TAMPA FL 33605**

Mailing Address

**1902 REPUBLICA DE CUBA
TAMPA FL 33605**

2. Principal Place of Business

2a. Mailing Address

21 **1860 REPUBLICA DE CUBA**

26 **1860 REPUBLICA DE CUBA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **TAMPA FL**

28 **TAMPA FL**

Zip

Country

Zip

Country

24 **33605**

25 **USA**

29 **33605**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/21/1989

3a. Date of Last Report

03/15/1995

4. FEI Number

59-2937745

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

**CHANCEY, WALTON H.
1902 REPUBLICA DE CUBA
TAMPA FL 33605**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1860 Republica de Cuba

83

84 City

Tampa

FL

85 Zip Code

33605

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 typed or printed name of Registered Agent or Director

Signature typed or printed name of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
CHANCEY, WALTON H.
1902 REPUBLICA DE CUBA
TAMPA FL**

TITLE ☐ DELETE

NAME **ST
CHANCEY, WALTON H.
1902 REPUBLICA DE CUBA
TAMPA 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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

813 248-9268

CR2E034 (12/95)