

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90033 046 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L20850**

1. Corporation Name

**KUHN, CHATHAM & SELAND, P.A.**

Principal Place of Business  
 919 W HWY 436  
 SUITE 300  
 ALTAMONTE SPRINGS FL 32714-2915

Mailing Address  
 919 W HWY 436  
 SUITE 300  
 ALTAMONTE SPRINGS FL 32714-2915



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>09/28/1989</b>		4. FEI Number <b>59-2971991</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>KUHN, G. THOMAS</b> <b>919 W HWY 436</b> <b>SUITE 300</b> <b>ALTAMONTE SPRINGS FL 32714</b>					10. Name and Address of New Registered Agent 81 Name <b>Paul A. Chatham</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>919 West Highway 436, Suite 300</b> 83 84 City <b>Altamonte Springs FL</b> 85 Zip Code <b>32714</b>				
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 <i>Paul A. Chatham</i> Signature, typed or printed name of registered agent and title if applicable.					DATE <b>5-14-99</b> (NOTE: Registered Agent signature required when reinstating)				

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <del>XXDELETE</del>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUHN, G. THOMAS	12 NAME	D. Gary Lashley
STREET ADDRESS	183 PAUL MCCLURE CT	13 STREET ADDRESS	919 West Highway 436, Suite 300
CITY-ST-ZIP	CASSELBERRY FL	14 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELAND, KURT	22 NAME	
STREET ADDRESS	358 N FOX CHASE POINT	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	PS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATHAM PAUL	32 NAME	
STREET ADDRESS	16433 SANDHILL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: *Paul A. Chatham*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (407) 714-2144  
 Date Daytime Phone #

CR2E034 (1/198)