

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90003 047 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **L42335**

1. Corporation Name  
**CHASE LAND COMPANY**



Principal Place of Business  
**935 OAKDALE ST  
 WINDERMERE FL 34786**

Mailing Address  
~~935 OAKDALE ST~~ **P.O. Box 100**  
**WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/22/1989**

4. FEI Number

**59-2991516**

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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**TRISMEN, RICHARD F.  
 213 W COMSTOCK AVE  
 WINTER PARK FL 32790-32789**

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, 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CHASE, FRANK W., III	
STREET ADDRESS	935 OAKDALE ST	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	COUTANT, PAMELA H	
STREET ADDRESS	905 LAKEVIEW DR	
CITY-ST-ZIP	WINTER PK FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CHASE, FRANK W II	
STREET ADDRESS	935 OAKDALE ST	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	AIELLO, ELIZABETH C	
STREET ADDRESS	117 COLUMBUS BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHASE, FRANK W., III	
1.3 STREET ADDRESS	935 Oakdale St / P.O. Box 100	
1.4 CITY-ST-ZIP	WINDERMERE, FL 34786	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COUTANT, PAMELA CHASE	
2.3 STREET ADDRESS	905 LAKEVIEW DR.	
2.4 CITY-ST-ZIP	WINTER PARK, FL	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHASE, FRANK W. II	
3.3 STREET ADDRESS	P.O. Box 100	
3.4 CITY-ST-ZIP	WINDERMERE, FL 34786	
4.1 TITLE	DAS VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AIELLO, ELIZABETH C.	
4.3 STREET ADDRESS	117 COLUMBUS Blvd.	
4.4 CITY-ST-ZIP	SARASOTA, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99

Date

407-876-0308

Daytime Phone #

CR2E034 (5/99)