


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

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

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 ☐ **\$5.00** May Be Added to Fees

Trust Fund Contribution ☐

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

29 Country

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99

407-876-0308

Date

Daytime Phone #

CR2E034 (5/99)