

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 # L79582

(7)

1. Corporation Name

THE CHASE GROUP INC.



Principal Place of Business

**824 EEL AVE
NEW SMYRNA BEACH FL 32169
US**

Mailing Address

**8824 EEL AVE
NEW SMYRNA BEACH FL 32169
US**

3. Date Incorporated or Qualified
06/11/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3015495

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
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DUBOIS, RONALD A.
780 S. APOLLO BLVD. SUITE 108
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name **Charles F. Breiner**

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

83

84 City **New Smyrna Beach**

FL

85 Zip Code
32169

11. Pursuant to the provisions of Sections 607.0532 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 **Charles F. Breiner Pres.**

4/30/96

Signature of Current Registered Agent (if the registered agent is not the corporation)

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PC**
STREET ADDRESS **BREINER, CHARLES F.**
CITY-STATE-ZIP **824 EEL AVENUE
NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **CAUFIELD, ANNA B.**
CITY-STATE-ZIP **631 WOODBRIDGE DRIVE
MELBOURNE FL 32940**

TITLE ☐ DELETE
NAME **VAS**
STREET ADDRESS **BREINER, NANCY W.**
CITY-STATE-ZIP **824 EEL AVENUE
NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **WALKER, MARY L.**
CITY-STATE-ZIP **913 MAPLEWOOD AVENUE
TALLAHASSEE FL 32303**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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: **Charles F. Breiner Pres.** **Charles F. Breiner** **904-423-8393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)