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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L80276

(3)

1. Corporation Name

CHAPPELL CONSULTING, INC.

Principal Place of Business

432 SAN FERNANDO DRIVE
PALM SPRINGS FL 33461
US

Mailing Address

432 SAN FERNANDO DRIVE
PALM SPRINGS FL 33461-1520
US

3. Date Incorporated or Qualified
06/12/1990

3a. Date of Last Report
04/19/1996

4. FEI Number

65-0199496

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 8884 SPRING VALLEY DR. S.
City & State

23 BOYNTON BEACH FL
Zip 33437 Country

24 33437

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 8884 SPRING VALLEY DR. S.
City & State

28 BOYNTON BEACH FL
Zip 33437 Country

29 33437

30

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 tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CHAPPELL, JOHN T.
432 SAN FERNANDO DR.
PALM SPRINGS FL 33461

8884 SPRING VALLEY DR. S.
BOYNTON BEACH FL 33437

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
NAME CHAPPELL, JOHN T.
STREET ADDRESS 432 SAN FERNANDO DR.
CITY-ST-ZIP PALM SPRINGS FL
☐ DELETE

TITLE VSD
NAME CHAPPELL, SANDRA A.
STREET ADDRESS 432 SAN FERNANDO DR.
CITY-ST-ZIP PALM SPRINGS FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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 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

John T. Chappell

CR2E034 (9/96)