

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L86109**

**(0)**

1. Corporation Name

**H.T. CHITTUM KEY WEST, INC.**

Principal Place of Business

**82748 OVERSEAS HWY**  
~~17034 W. DIME HWY~~  
**ISLAMORADA FL 33036**  
**US**

Mailing Address

**82748 OVERSEAS HWY**  
~~17034 W. DIME HWY~~  
**ISLAMORADA FL 33036-3801**  
**US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified

**07/05/1990**

3a. Date of Last Report

**04/10/1996**

4. FEI Number

**65-0206118**

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 tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**CHITTUM, JAYMIE**  
**82748 OVERSEAS HWY**  
**ISLAMORADA FL 33036**

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 of type of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHITTUM, H.T. III	
STREET ADDRESS	82748 OVERSEAS HIGHWAY	
CITY- ST- ZIP	ISLAMORADA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHITTUM, JAYMIE	
STREET ADDRESS	82748 OVERSEAS HIGHWAY	
CITY- ST- ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYNE, C. PECK	
STREET ADDRESS	1221 SECOND ST.	
CITY- ST- ZIP	NEW ORLEANS LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEGLEY, RICHARD B.	
STREET ADDRESS	300 CONVENT, 28TH	
CITY- ST- ZIP	SAN ANTONIO TX	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CHITTUM, JAYMIE	
STREET ADDRESS	82748 OVERSEAS HIGHWAY	
CITY- ST- ZIP	ISLAMORADA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 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 included 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: Jaymie E. Chittum Jaymie E. Chittum, Vice-Pres. 2/2/97 305-664-4421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)