

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M77455 (7)**

1. Corporation Name
CHANCE & CAUSSEUX, INC.



Principal Place of Business

2233 NW 41ST STREET
SUITE 700
GAINESVILLE FL 32606
US

Mailing Address

2233 NW 41ST STREET
SUITE 700
GAINESVILLE FL 32606
US

2. Principal Place of Business

2a. Mailing Address

21. 6011 NW 1st Place
State: Apt. #, etc.

26. 6011 N.W. 1st Place
State: Apt. #, etc.

22. City & State

27. City & State

23. Gainesville, FL
City Country

28. Gainesville, FL
City Country

24. 32607 25. US

29. 32607 30. US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified: **04/13/1988**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-2883104**
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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **6011 N.W. 1st Place**
83.
84. City: **GAINESVILLE** FL 85. Zip Code: **32607**

CHANCE, WAYNE
~~2233 NW 41ST STREET~~
~~SUITE 700~~
~~GAINESVILLE FL 32606~~
Address change

11. Pursuant to the provisions of Sections 607.0612 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: VP CHANCE, WAYNE	<input type="checkbox"/> DELETE	13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 9715 NW 143rd St, ALACHUA FL 32615		13.2 NAME: _____	
12.3 CITY, STATE, ZIP: ALACHUA FL 32615		13.3 STREET ADDRESS: 9715 NW 143rd St	
12.4 NAME: ST CAUSSEUX, RORY	<input type="checkbox"/> DELETE	13.4 CITY, STATE, ZIP: 32615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS: 1011 SW 101 STREET		13.5 TITLE: _____	
12.6 CITY, STATE, ZIP: GAINESVILLE FL 32607		13.6 NAME: _____	
12.7 NAME: VP ELLINGTON, DONNIE	<input type="checkbox"/> DELETE	13.7 STREET ADDRESS: 32607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS: 10008 SW 38TH PLACE		13.8 CITY, STATE, ZIP: 32607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 CITY, STATE, ZIP: GAINESVILLE FL 32607		13.9 TITLE: _____	
12.10 NAME: _____	<input type="checkbox"/> DELETE	13.10 NAME: _____	
12.11 STREET ADDRESS: _____		13.11 STREET ADDRESS: _____	
12.12 CITY, STATE, ZIP: _____		13.12 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: _____	<input type="checkbox"/> DELETE	13.13 TITLE: _____	
12.14 STREET ADDRESS: _____		13.14 NAME: _____	
12.15 CITY, STATE, ZIP: _____		13.15 STREET ADDRESS: _____	
12.16 NAME: _____	<input type="checkbox"/> DELETE	13.16 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS: _____		13.17 NAME: _____	
12.18 CITY, STATE, ZIP: _____		13.18 STREET ADDRESS: _____	
12.19 NAME: _____	<input type="checkbox"/> DELETE	13.19 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 STREET ADDRESS: _____		13.20 NAME: _____	
12.21 CITY, STATE, ZIP: _____		13.21 STREET ADDRESS: _____	
12.22 NAME: _____	<input type="checkbox"/> DELETE	13.22 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 STREET ADDRESS: _____		13.23 NAME: _____	
12.24 CITY, STATE, ZIP: _____		13.24 STREET ADDRESS: _____	

14. I do hereby certify that the information supplied with this report 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 indicates I am the sole owner, partner, shareholder, or trustee, or 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 I signed, or on an affidavit with an address.

SIGNATURE: *Wayne Chance* 2/13/96 352-331-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)