

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montagna
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

53 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99194 (6)

CHER-DOT LTD., INC.

DO NOT WRITE IN THIS SPACE

Principal Office Location: P.O. BOX 7322 HUDSON FL 34674
Mailing Address: P.O. BOX 7322 HUDSON FL 34674

3. Date Incorporated or Qualified: **09/09/1988**
3a. Date of Last Report: **03/03/1994**
4. FEI Number: **59-2910584**
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**
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: ☐ Yes ☒ No

2. Principal Office Location: 21. State: **FL** 22. City: **HUDSON** 23. Zip: **34674**
2a. Mailing Address: 26. State: **FL** 27. City: **HUDSON** 28. Zip: **34674**
24. State: **FL** 25. City: **HUDSON** 29. Zip: **34674**

9. Name and Address of Current Registered Agent

**COLEMAN, CHERYL L
13025 BUOY COURT
HUDSON FL 34667**

10. Name and Address of New Registered Agent

81. Name: **FL** 85. Zip Code: **FL**
82. Street Address (P.O. Box Number is Not Applicable)
83. City
84. City

11. Pursuant to the provisions of Sections 907.01(1) and 907.1508, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 907.0505, Florida Statutes.

SIGNATURE

(Signature of person who may be registered agent or officer or director)

(Signature of person who is registered agent or secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME	VS COLEMAN, CHERYL L. 13025 BUOY CT. HUDSON FL	1. NAME	P.T. ☒ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY, STATE, ZIP		3. STREET ADDRESS	
NAME	PT AMES, FREDERICK J 13025 BUOY CT HUDSON FL	4. CITY, STATE, ZIP	
STREET ADDRESS		5. NAME	V.S. AMES, AUDRA L. 1208.5 17TH STREET NORTH ST PETERSBURG, FL 33713 ☒ Change ☐ Addition
CITY, STATE, ZIP		6. STREET ADDRESS	
NAME		7. CITY, STATE, ZIP	
STREET ADDRESS		8. NAME	
CITY, STATE, ZIP		9. STREET ADDRESS	
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STREET ADDRESS		98. NAME	
CITY, STATE, ZIP		99. STREET ADDRESS	
NAME		100. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02, 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 liquidator involved in executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Cheryl L. Coleman* **CHERYL L. COLEMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date: _____