

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M99194 (6)

1. Corporation Name

CHER-DOT LTD., INC.



Principal Place of Business

Mailing Address

P.O. BOX 7322
HUDSON FL 34674

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HUDSON FL 34674

3. Date Incorporated or Qualified

09/09/1988

3a. Date of Last Report

05/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2910584

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, CHERYL L.
13025 BUOY COURT
HUDSON FL 34667

81. Name

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

83

84

1114 17TH ST. NORTH UNIT #1
ST PETERSBURG FL 33713

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

Cheryl L. Coleman CHERYL L. COLEMAN

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE VS ☒ Change ☐ Addition

NAME COLEMAN, CHERYL L.
STREET ADDRESS 13025 BUOY CT.
CITY- ST- ZIP HUDSON FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE PT ☒ Change ☐ Addition

NAME AUDRA AMES
STREET ADDRESS 1208 S 17TH ST N
CITY- ST- ZIP ST PETERSBURG FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- 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:

Fred Ames FRED AMES

4-27-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations

CR2E034 (12/95)