FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 16 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 # **M99194** **(6)**

1. Corporation Name
CHER-DOT LTD., INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 7322~~ ~~HUDSON FL 34674~~	~~P.O. BOX 7322~~ ~~HUDSON FL 34674-7322~~

3. Date Incorporated or Qualified: 09/09/1988	3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-2910584	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 Po Box 889	26 Po Bx 889
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST PeTeRSBuRG, FL.	City & State 28 ST PeTeRSBuRG, FL
Zip 24 33731-0889 Country 25 U.S.	Zip 29 33731-0889 Country 30 U.S.

9. Name and Address of Current Registered Agent

COLEMAN, CHERYL L
13025 BUOY COURT
114 17TH ST NORTH, UNIT 1
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: FRED AMES
82 Street Address (P.O. Box Number is Not Acceptable): 916 13TH Ave NORTH UNIT #2
83
84 City: ST PeTeRSBuRG FL 85 Zip Code: 33705

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: FRED AMES PT — 4-10-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PT~~ ☒ DELETE	1.1 TITLE	PT ☒ Change ☐ Addition
NAME	~~COLEMAN, CHERYL L.~~	1.2 NAME	FRED AMES
STREET ADDRESS	~~13025 BUOY CT~~	1.3 STREET ADDRESS	916 13TH Ave NORTH UNIT #2
CITY-ST-ZIP	~~HUDSON FL~~	1.4 CITY-ST-ZIP	ST PeTeRSBuRG, FL 33705
TITLE	~~VP~~ ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~AUDRA, AMES L~~	2.2 NAME	
STREET ADDRESS	~~1208 S 17TH ST N~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: FRED AMES PT 4-10-97