FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N21244

CHAIRBORNE RANGERS, INC.

Principal Place	e of Business	Mailing Address					
C/O J.E. KELLER JR. 2440 W BAY DR LARGO FL 33770-933 US		C/O J.E. KELLER JR. 2440 W BAY DR LARGO FL 33770-933 US					
2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 06/22/1987		
Cuito Ant	# ata	Suite, Apt. #, etc.			4. FEI Number	App	lied For
Suite, Apt. #, etc.		27		59-2365475	Not Applicable		
City & State		City & State			\$8.75 A	dditional	
23		28		5. Certificate of Status Desired	Fee Rec	uired	
Zip Country 14 33770~/933 25		Zip	, ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
4 22 1 1 0	9. Name and Address of Curren		\top		10. Name and Address of New Registere	d Agent	
	OF HARMS WITH THE STATE OF THE		81	Name			
KELLER, JOHN E., JR.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
2440 W B		·	83				
LARGO FL 33770						ne Zin C	
			84	City	F	85 Zip C	DOG
office or n agent. I a SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was author tions of, Section 617.0503, Florida S	ized by Statutes	tne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the purpose when rejectating).	pointment as reg	istered
	Signature, typed or printed name of registered agen		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE		DELETE 1.1 TO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
	PD	_	2 NAME				}
NAME	HUMBERSTONE, ROBERT	וסבאסוטויב, תטטבאו		T ADDRESS			
STREET ADDRESS	308 PARKSIDE DR		.4 CITY-S				
TITLE	SAFETY HARBOR FL		1 TITLE	1-211		Change	Addition
NAME	VD		2 NAME				
STREET ADDRESS	GRIFFITH, JEFF 11314 ORANGE GROVE			T.ADDRESS	i the	4	سے ۔
CITY-ST-ZIP	TAMPA FL		. 4 CITY-5	l .		•	
TITLE	SD		.1 TITLE			Change	Addition
NAME	CLINE, DENNIS	3	.2 NAME				
STREET ADDRESS	l * *	3	.3 STREE	T ADDRESS			-
CITY-ST-ZIP	LARGO FL			ST-ZIP			
TITLE	TD	☐ DELETE 4	.1 TITLE			Change	Addition
NAME	KELLER, JOHN	4	. 2 NAME				
STREET ADDRESS	2440 W BAY DR	4	I.3 STREE	TADDRESS	•		
CITY-ST-ZIP	LARGO FL	i	I.4 CITY-S	T-ZIP			
TITLE		☐ DELETE 5	5.1 TITLE			Change	☐ Addition
NAME		5	.2 NAME]			ļ
STREET ADDRESS			3.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-S	IT-ZIP			
TITLE			1.1 TITLE			Change	Addition
NAME		6	i.2 NAME	1			
CTDEET ADDRESS		1 (3 STREE	TADDRESS			

SIGNATURE:

STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90020 003 ****61.25