

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05676

(2)

1. Corporation Name

CHAMBERS TRUSS, INC.

Principal Place of Business

3105 OLEANDER AVE.
FT PIERCE FL 34982-6423

Mailing Address

3105 OLEANDER AVE.
FT PIERCE FL 34982-6423

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1985

3a. Date of Last Report

06/15/1994

4. FEI Number

59-1785888

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. 199.039,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIEGER, ARVIN
3105 OLEANDER AVE.
FT. PIERCE FL 34982-6423

81 Name

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

83

84 City

FL

85 Zip Code

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

(Signature of person named as registered agent and the filer appearing)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CHAMBERS, HENRY R.
STREET ADDRESS	3105 OLEANDER
CITY - ST - ZIP	FT PIERCE FL
TITLE	VD
NAME	RIEGER, ARVIN L.
STREET ADDRESS	2801 FLORAL
CITY - ST - ZIP	NORTHBROOK IL
TITLE	STD
NAME	CHAMBERS, PHYLLIS
STREET ADDRESS	3105 OLEANDER
CITY - ST - ZIP	FT PIERCE FL
TITLE	S
NAME	KAHN, DAVID V. (ASST)
STREET ADDRESS	333 WEST WACKER DRIVE
CITY - ST - ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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)(h), Florida Statutes. I further certify that the information indicated on this annual report or non-renewal 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 of this report, or is attached to it with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CLERK, OFFICER OR DIRECTOR

Phyllis Chambers

PHYLLIS CHAMBERS

8-27-95

407-465-2012