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Jan 28 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 # 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

3. Date Incorporated or Qualified 04/15/1985
3a. Date of Last Report 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1785888	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL
84. 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CHAMBERS, HENRY R.	1.2 NAME	
STREET ADDRESS	3105 OLEANDER	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	1.4 CITY - ST - ZIP	
TITLE	VDAS	2.1 TITLE	
NAME	RIEGER, ARVIN L.	2.2 NAME	
STREET ADDRESS	710-5 DIAMOND LAKE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MUNDELEIN FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	CHAMBERS, PHYLLIS	3.2 NAME	
STREET ADDRESS	3105 OLEANDER	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

Arvin L. Rieger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 5614652012
Date Daytime Phone #

0469582

CR2E034 (9/96)