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 MAY -1 PM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20597** **(1)**

1. Corporation Name
CHAMBERS CORBETT, INC.

Principal Place of Business	Mailing Address
7700 NORTH OCEAN BLVD. MYRTLE BEACH SC 29572-4352	7700 NORTH OCEAN BLVD. MYRTLE BEACH SC 29572-4352

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1988
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business	2a. Mailing Address
21 1459 W. Busch Blvd.	26 1459 W. Busch Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33612 / 25 Hills.	Zip / Country 29 33612 / 30 Hills

4. FEI Number: 57-0862829 ☐ 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

9. 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
CHAMBERS, STEPHEN F. 1459 WEST BUSCH BOULEVARD TMAPA 33812	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.

APR 28 1995

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	CHAMBERS, STEPHEN F.	12 NAME	
STREET ADDRESS	1459 WEST FUSCH BLVD.	13 STREET ADDRESS	1459 West Busch Blvd.
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33612
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	CORBETT, NANCY HAMILTON	22 NAME	
STREET ADDRESS	7700 N. OCEAN BLVD.	23 STREET ADDRESS	1459 W. Busch Blvd.
CITY-ST-ZIP	MYRTLE BEACH SC	24 CITY-ST-ZIP	Tampa, FL 33612
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: _____ APR 28 1995 813-932-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400005 FN