

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P28749** (0)

1. Corporation Name

CHIMERA ASSOCIATES, INC.



Principal Place of Business

**C/O RONALD TERRY
P.O. BOX 84
MEMPHIS TN 38101-7084**

Mailing Address

**C/O RONALD TERRY
P.O. BOX 84
MEMPHIS TN 38101-7084**

2. Principal Place of Business

21 6410 Poplar Ave.
Suite, Apt. #, etc.

2a. Mailing Address

26 6410 Poplar Ave.
Suite, Apt. #, etc.

22 Suite 375
City & State

27 Suite 375
City & State

23 Memphis, TN
Zip

28 Memphis, TN
Zip

24 38119 **25 US**

29 38119 **30 US**

3. Date Incorporated or Qualified

03/27/1990

3a. Date of Last Report

03/16/1995

4. FEI Number

62-1410360

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

9. Name and Address of Current Registered Agent

**WOODSON, BEN H.
ROUTE 4, BOX 1036
LITTLE TORCH KEY FL 33042**

10. Name and Address of New Registered Agent

**81 Name
Ben H. Woodson
82 Street Address (P.O. Box Number is Not Acceptable)
28500 Overseas Hwy
83
84 City
Little Torch Key FL 85 Zip Code
33042**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **TERRY, RONALD A.**
STREET ADDRESS **165 MADISON AVENUE**
CITY-ST-ZIP **MEMPHIS TN**

TITLE **VSD** ☐ DELETE
NAME **WOODSON, BEN H.**
STREET ADDRESS **RT 4 BOX 1036**
CITY-ST-ZIP **LITTLE TORCH KEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

400001807654
-05/04/96--01006--012
*****200.00**

14. I do 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)(k), Florida Statutes. I further certify that the information indicated in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

901-761-8016

4-25-96

CR2E034 (12/95)