

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 # P30104 (4)

1. Corporation Name

A.W. CHESTERTON COMPANY

Principal Place of Business

225 FALLON ROAD
STONEHAM MA 02180

Mailing Address

225 FALLON ROAD
STONEHAM MA 02180



3. Date Incorporated or Qualified
07/05/1990

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
04-1173400

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

10. Name and Address of New Registered Agent

WARNER, JAMES
13801 MCCORMICK DRIVE
TAMPA FL 33625

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME
CHESTERTON, JAMES D.
STREET ADDRESS
117 BOW STREET
CITY-STATE-ZIP
PORTSMOUTH NH

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
03801

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME
VANWOERKOM, JACK A.
STREET ADDRESS
26 WALDRON ST.
CITY-STATE-ZIP
MARBLEHEAD MA

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
01945

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME
BOWEN, ROBERT
STREET ADDRESS
53 BRISTOL ROAD
CITY-STATE-ZIP
WELLESLEY MA

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
02188/200001728159

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME
CARROLL, JOHN M.
STREET ADDRESS
50 CHANNING AVE
CITY-STATE-ZIP
PROVIDENCE RI

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
02906

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME
BLASBERG, ARTHUR J
STREET ADDRESS
54 BEACON STREET
CITY-STATE-ZIP
BOSTON MA

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
02108

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
HOYLE, RICHARD F.
STREET ADDRESS
460 EAST BROADWAY
CITY-STATE-ZIP
HAVERHILL MA

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
01830

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 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 recorder 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

2/21/96 (617)481-2206

Date Daytime Phone #

CR2E034 (12/95)