

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P30668 (8)
1. Corporation Name
FIDLAR & CHAMBERS CO.



Principal Place of Business Mailing Address
P.O. BOX 6248 P.O. BOX 6248
ROCK ISLAND IL 61204-6248 ROCK ISLAND IL 61204-6248

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 42-0251280	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDESON, RALPH J.	1.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	RESNICK, RICHARD C.	2.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	ZAM, KIRBY L	3.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	STEIL, DAVID J.	4.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHICK, FORD P.	5.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	LORI A. LOWER	6.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	6.4 CITY-ST-ZIP	

14. I 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:

10/12/97

4-22-97

309794330

CR2E034 (10/97)