

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 10:04

DOCUMENT # P37911 (5)

1. Corporation Name

CHOCTAW ENTERPRISES, INC.

Principal Place of Business

**249 YACHT CLUB DR.
FT. WALTON BEACH FL 32548**

Mailing Address

**249 YACHT CLUB DR.
FT. WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1992

3a. Date of Last Report

02/01/1994

4. FEI Number

59-3067850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MYERS, M. SCOTT
249 YACHT CLUB DR.
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

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 of person or printed name of registered agent and title (applicable)

NOTE: May Agent Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DCP

**MYERS, M. SCOTT
249 YACHT CLUB DR.
FT. WALTON BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VPS

**MYERS, SUSAN S.
249 YACHT CLUB DR.
FT. WALTON BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐

Change

☐

Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐

Change

☐

Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐

Change

☐

Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐

Change

☐

Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐

Change

☐

Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐

Change

☐

Addition

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 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (as added, or on an attachment) with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95

(904) 664-5666

Date

Telephone Number