

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90134 032 ***150.00

DOCUMENT # **P93000002967**

1. Corporation Name
CHAPALA IMPORTS, INC.

Principal Place of Business

% ELLEN CAROLE KNIGHT
8118 NW 60TH AVE.
OCALA FL 34482
US

Mailing Address

% ELLEN CAROLE KNIGHT
8118 NW 60TH AVE.
OCALA FL 34482
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1993

4. FEI Number

65-0381605

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

29

30

9. Name and Address of Current Registered Agent

KNIGHT, ELLEN C
8118 NW 60TH AVE.
OCALA FL 34482

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

1. 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

Ellen C. Knight

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/99

2. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME
KNIGHT, ELLEN C
1.3 STREET ADDRESS
8118 NW 60TH AVE.
1.4 CITY-ST-ZIP
OCALA FL

2.1 TITLE ☐ DELETE

2.2 NAME
KNIGHT, LAWRENCE E
2.3 STREET ADDRESS
8118 NW 60TH AVE.
2.4 CITY-ST-ZIP
OCALA FL

3.1 TITLE ☐ DELETE

3.2 NAME
DANVERS, SUSAN H
3.3 STREET ADDRESS
8118 NW 60TH AVE.
3.4 CITY-ST-ZIP
OCALA FL

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 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

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, with all other like empowered.

SIGNATURE:

Ellen C. Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/99

Daytime Phone #

352-840-0075

CR2E034 (11/98)