

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

92 MAY -1 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000012450 (1)**

1. Corporation Name  
**CHALWOOD, INC.**

Principal Place of Business  
**790 SR 434  
SUITE 110  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**790 SR 434  
SUITE 110  
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State City	27. City & State City
24. Zip	29. Zip
25. Country	30. Country

3. Date of Incorporation or Qualification <b>02/18/1993</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FFI Number <b>59-3162356</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CHALBAUD, JANE  
790 SR 434  
SUITE 110  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
FL B5. 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: *Jane Chalbaud*

12. OFFICERS AND DIRECTORS

1. NAME <b>D UNDERWOOD, MARLENE B</b>	2. STREET ADDRESS <b>321 WOODSTEAD LN LONGWOOD FL 32779</b>
1. NAME <b>D CHALBAUD, JANE</b>	2. STREET ADDRESS <b>2302 SWEETAIRE CT APOPKA FL 32712</b>
1. NAME <b>D NOVAK, PATRICIA U</b>	2. STREET ADDRESS <b>3133 DELLCREST PL LAKE MARY FL 32746</b>
1. NAME	2. STREET ADDRESS
1. NAME	2. STREET ADDRESS
1. NAME	2. STREET ADDRESS
1. NAME	2. STREET ADDRESS
1. NAME	2. STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME <b>D Chalbaud, Jane</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME <b>1563 Margarete Crescent</b>	
4. NAME <b>Apopka, FL 32703</b>	
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, not required by the exemption stated in Section 199.032, 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. I am an officer or director of the corporation or the registrar or transfer agent designated to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers or directors of the corporation on an official document with an address.

SIGNATURE: *Patricia U. Novak* SECRETARY/TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OF FILING OR DIRECTOR

4/25/95 407-869-0260