FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033510 (7)**

1. Corporation Name
RHEA CHILES, INC.

Principal Place of Business	Mailing Address
7149 OX BOW ROAD TALLAHASSEE FL 32312	7149 OX BOW ROAD TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 7193 Ox Bow Road
Suite, Apt. #, etc. 22:
City & State 23: Tallahassee, FL
Zip 24: 32312 County 25:

2a. Mailing Address
26: 7193 Ox Bow Road
Suite, Apt. #, etc. 27:
City & State 28: Tallahassee, FL
Zip 29: 32312 County 30:

4. FEI Number: APPLIED FOR 59-3305424 ☐ 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

LAWTON M., CHILES G
7149 OX BOW ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Lawton M. Chiles
82 Street Address (P.O. Box Number is Not Acceptable): 7193 Ox Bow Road
83:
84 City: Tallahassee FL 85 Zip Code: 32312

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	CHILES, RHEA G	12 NAME	Chiles, Rhea G.	
STREET ADDRESS	7149 OX BOW RD	13 STREET ADDRESS	7193 Ox Bow Road	
CITY ST ZIP	TALLAHASSEE FL 32312	14 CITY ST ZIP	Tallahassee, FL 32312	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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 above, or on an attachment with an address.

SIGNATURE: X Rhea Chiles 4/13/95 488-4661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/13/95

0000186 CP