


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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000064619 (8)**

1. Corporation Name

**CHASCO ENTERPRISES, INCORPORATED**



Principal Place of Business	Mailing Address
<del>4211 LITTLE ROAD</del> <del>NEW PORT RICHEY FL 34655</del>	<del>4211 LITTLE ROAD</del> <del>NEW PORT RICHEY FL 34655</del>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>5334 LAS FLORES VIA</b>	26 <b>5334 LAS FLORES VIA</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>NEWPORT RICHEY FL</b>	28 <b>NEWPORT RICHEY FL</b>
Zip	Zip
24 <b>34655</b>	29 <b>34655</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

3. Date Incorporated or Qualified

**09/16/1993**

4. FEI Number

**59-3204098**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, CHARLES W**  
~~4211 LITTLE ROAD~~  
**NEW PORT RICHEY FL 34655**

81 Name	<b>CHARLES W. WRIGHT</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5334 LAS FLORES VIA</b>
83	
84 City	<b>NEWPORT RICHEY</b>
85 Zip Code	<b>FL 34655</b>

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, CHARLES W</b>	
STREET ADDRESS	<b>4211 LITTLE ROAD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5334 LAS FLORES VIA</b>
1.4 CITY-ST-ZIP	<b>NEWPORT RICHEY FL 34655</b>

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, CHARLES W JR</b>	
STREET ADDRESS	<b>4211 LITTLE ROAD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5334 LAS FLORES VIA</b>
2.4 CITY-ST-ZIP	<b>NEWPORT RICHEY FL 34655</b>

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

*[Signature]*

1-11-97 (98) 37-9360

CR2E034 (10/97)