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 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006992 (9)**

1. Corporation Name
CHP MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
926 GREAT POND DR. #2001 ALTAMONTE SPRINGS FL 32714	926 GREAT POND DR. #2001 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **01/28/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3185081** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMSEUR, FRANKLIN
926 GREAT POND DR.
#2001
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Uhl, Pamela H.
82 Street Address (P.O. Box Number is Not Acceptable): 926 Great Pond Dr.
83: Suite #2001
84 City: Altamonte Springs **FL** 85 Zip Code: 32714

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: Pamela H. Uhl Pamela H. Uhl President 4/19/95
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	D	1.1 TITLE	☒ Change ☐ Addition
NAME	RAMSEUR, FRANKLIN	1.2 NAME	
STREET ADDRESS	210 COLONIAL LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	WOOD, GREGORY H	2.2 NAME	
STREET ADDRESS	49 MINNEHAHA CR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COCHRAN, JAMES R	3.2 NAME	
STREET ADDRESS	287 TORPOINT GATE	3.3. STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

President
Uhl, Pamela H.
6353 Orange Cove Dr.
Orlando, FL 32819

Director
McSwain, Charles W.
10520 Gotha Road
Winderemere, FL 34786

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 if changed, or on an attachment with an address.

SIGNATURE: Pamela H. Uhl Pamela H. Uhl 4/19/95 407-774-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000000 CP