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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010801

1. Corporation Name

H.T. CHITTUM PROPERTIES ISLAMORADA, INC.

		•							
Principal Place	e of Business	Mailing Address						D D B B	
82748 OVERSEAS HIGHWAY		82748 OVERSEAS HIGHWAY					•		
ISLAMORADA FL 33036 ISLAMORADA FL 33036						50 MOT MOTE IN T	UC 00405		
.						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			l
						02/09/1994	·		ı
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	·	olied For	1
21		26				65-0479829		Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
City & State	e	City & State				6. Election Campaign Financing	\$5.00	Mav Be	
23	•*	28				Trust Fund Contribution	Added to		ĺ
Zip Country		Zip				8. This corporation owes the current year	Intangible		ĺ
24	25	29 30				Personal Property Tax.	🗹 Yes	□No	ĺ
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	ed Agent		1
				81	Name		-		
CHITTUM, JAYMIE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
82748 OVERSEAS HWY			l	5.0507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050507.050500000000					
ISLAMORADA FL 33036				83					ĺ
,				84 City 85 Zip Code				ode	Į.
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the ab	ove	named corpo	pration submits this statement for the purpose	of changing its	registered	ŀ
office or r	registered agent, or both, in the State Im familiar with, and accept the obliga	e of Florida. Such change was at ations of, Section 607.0505, Flor	ne corporatioi	n's board of directors. I hereby accept the ap	pointment as reç	jistered	ļ		
SIGNATURE	····	,							j
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Registered /	Agent	signature required				ĺά
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS			5
TITLE	DVS	☐ DELETE 1.1 T					☐ Change	☐ Addition	2
NAME	CHITTUM, JAYMIE	1.2 N							2
STREET ADDRESS	02, 10 0 12,102 10 11,011		1.3 STF	1.3 STREET ADORESS					ļ
CITY-ST-ZIP	ISLAMORADA FL	1.4 CI		Y-ST-	ZIP				į
TITLE	DP	☐ DELETE	2.1 TITI	LE			Change	Addition	١٠
NAME	CHITTUM, HAROLD T III		2.2 NAME						
STREET ADDRESS	82748 OVERSEAS HWY	23\$		REET	ADDRESS				ĺ
CITY-ST-ZIP	ISLAMORADA FŁ		2.4 CITY		-ZIP .				-
TITLE	D	DELETE	3.1 TIT	ίĒ			☐ Change	☐ Addition	
NAME	NEGLEY, RICHARD		3.2 NAME				-		
STREET ADDRESS	ADDRESS 300 CONVENT		3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	SAN ANTONIO TX 34.		3 4. CIT	CITY-ST-ZIP					1
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME			4. 2 NA	ME		•			
STREET ADDRESS	}		4.3 STT	REET /	ADDRESS				
CITY-ST-ZIP	[4.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	5.1 TITI	LΕ			☐ Change	☐ Addition	ļ

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 suppliemental 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Change

☐ Addition