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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000025643 (5)

1. Corporation Name

C H S FINANCIAL SERVICES, INC.



Principal Place of Business

6110 99TH ST. EAST
BRADENTON FL 34202
US

Mailing Address

6110 99TH ST. EAST
BRADENTON FL 34202-9370
US

3. Date Incorporated or Qualified
03/31/1994

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 STE 50

2a. Mailing Address

26 STE 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 8051 N. Tamiami Trl.

27 8051 N. Tamiami Trl.

City & State

City & State

23 Sarasota FL.

28 Sarasota FL

Zip

Country

24 34243

25 USA

Zip

Country

29 34243

30 USA

4. FEI Number
65-0476290

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

SNIDER, CARMIE H.
6110 99TH ST. EAST
BRADENTON FL 34202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Carmie H. Snider CARMIE H. SNIDER

1/20/97
DATE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME SNIDER, CARMIE H.
STREET ADDRESS 2945 BEE RIDGE RD
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME SNIDER, Carmie H.
1.3 STREET ADDRESS Address
1.4 CITY-ST-ZIP 8051 N. Tamiami Trl. Ste 50
SARASOTA FL 34243

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Carmie H. Snider CARMIE H SNIDER 1/20/97 941-355-5504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)