

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
SARAH B. MURPHY  
Secretary of State  
Tallahassee, FL 32301-0001

APPROVED  
AND  
FILED

95 MAR 20 PM 2:44

STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000037387 (5)**

1. Corporation Name:

DWIGHT H. CHAMBERLIN, P.A.

Principal Place of Business		Mailing Address		Date of Incorporation/Last Filed		Date of Last Report	
128 ORANGE AVE. DAYTONA BEACH FL		128 ORANGE AVE. DAYTONA BEACH FL		05/16/1994			
2. Principal Place of Business		26. Mailing Address		4. TIN Number		Applied For Not Expired	
21 210 South Beach St Suite, Apt #, etc		26 210 South Beach St Suite, Apt #, etc		57-3242084			
22 Suite 200		27 Suite 200		5. Certificate of Status (dated)		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 Daytona Beach, FL		28 Daytona Beach, FL		7. This corporation has liability for unemph... under S. 109.032 Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		County			
24 32114	25 Volusia	29 32114	30 Volusia				
9. Name and Address of Current Registered Agent							
CHAMBERLIN, DWIGHT H 128 ORANGE AVE. DAYTONA BEACH FL							
10. Name and Address of New Registered Agent							
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code							

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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, am familiar with, and accept the obligations of, Section 807.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	President, Secy, Treas DWIGHT H. CHAMBERLIN 210 South Beach St. Daytona Beach, FL 32114	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS		3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY, ST, ZIP		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY, ST, ZIP		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY, ST, ZIP		12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY, ST, ZIP		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS		19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY, ST, ZIP		20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS		23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY, ST, ZIP		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		26. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS		27. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY, ST, ZIP		28. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New

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 1007.0502, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were written in ink, that my signature appears in Block 1c or Block 1d unchanged, or on an alternate form with an addendum.

SIGNATURE:

X

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95 243-2286