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| PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000039559

1. Corporation Name

CHANSLER, INC.

Principal Place of Business

PAKMAIL
HUDSON FL 34667
US

Mailing Address

13806 LITTLE RD
HUDSON FL 34667
US

2. Principal Place of Business

21 13806 Little Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 7901 Willow Brook ct
Suite, Apt. #, etc.

22 City & State

23 Hudson FL

27 City & State

28 Hudson FL

Zip

24 34667

25 Country

USA

29 Zip

34667

30 Country

USA

9. Name and Address of Current Registered Agent

CHANSLER, WILLIAM
7901 WILLOW BROOK CT
HUDSON FL 3466781 Name *Wm Chansler*

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

7901 WILLOW BROOK CT

83

84

City *Hudson FL* Zip Code *34667*

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 *John Chansler Wm Chansler President*

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 | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANSLER, WILLIAM | | 1.2 NAME |
| STREET ADDRESS | 7901 WILLOW BROOK CT | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | HUDSON FL 34667 | | 1.4 CITY-ST-ZIP |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANSLER, VICKIE D | | 2.2 NAME |
| STREET ADDRESS | 7901 WILLOW BROOK CT | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | HUDSON FL 34667 | | 2.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 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, with all other like empowered.

SIGNATURE: *John Chansler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 727 869-6618
Date Daytime Phone #

CR2E034 (11/98)