


FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90075 030 ****75.00

06-25-1999 90008 020 ****75.00

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

59-3245807

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 owes the current year intangible
 Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 13806 LITTLE Rd | 26 7901 Willow Brook Ct |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 HUDSON FL | 28 HUDSON FL |
| Zip Country | Zip Country |
| 24 34667 25 USA | 29 34667 30 USA |

9. Name and Address of Current Registered Agent

 CHANSLER, WILLIAM
 7901 WILLOW BROOK CT
 HUDSON FL 34667

| | | | | |
|-------------|---|---------|----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 City | 84 State | 85 Zip Code |
| Wm CHANSler | 7901 WILLOW Brook Ct | FL | 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 Wm 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 | <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 | <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 807, 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: Wm Chansler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3049

Date

727 869-6618

Daytime Phone #

CR2E034 (11/98)