

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000043532 (8)

1. Corporation Name

CHARDONJIM, INC.



Principal Place of Business

12 VIA DELUNA
UNIT 402
PENSACOLA BEACH FL 32561

Mailing Address

12 VIA DELUNA
UNIT 402
PENSACOLA BEACH FL 32561

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LINDGREN, DON C
3347 CIRCLE DR
GULF BREEZE FL 32561

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

05/01/1995

4. FET Number

59-3240136

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

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 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0506, Florida Statutes.

SIGNATURE

[Signature]

[Signature] President / Treasurer

3/16/96

12. OFFICERS AND DIRECTORS

TITLE IDP ☒ DELETE
NAME PIKE, CHARLES R
STREET ADDRESS 6909 LIBERTY ST
CITY-ST-ZIP NAVARRE FL 32566

TITLE DV ☐ DELETE
NAME JOHNSTON, JAMES E
STREET ADDRESS 310 LORUNA DR
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE DST ☐ DELETE
NAME LINDGREN, DON C
STREET ADDRESS 3347 CIRCLE DR
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

1. TITLE *President/Secretary* ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

1. TITLE *President/Treasurer* ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

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 119.07(3)(k), 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:

[Signature] Pres / Treasurer

3/16/96 904-934-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)