

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 23

DOCUMENT # **P94000043687 (0)**

1. Corporation Name

CB VENTURE PARTNERS #1, INC.

Principal Place of Business

Mailing Address

~~GLADES BUILDING, SUITE 303~~
~~877 EXECUTIVE CENTER DRIVE WEST~~
~~ST. PETERSBURG FL 33702~~

~~GLADES BUILDING, SUITE 303~~
~~877 EXECUTIVE CENTER DRIVE WEST~~
~~ST. PETERSBURG FL 33702~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/10/1994

2. Principal Place of Business

2a. Mailing Address

21 **JOHN CHIGOS**

26 **JOHN CHIGOS**

4. FEI Number
59-3247882

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **901 HAMMOCK PINES BLVD.**

27 **901 HAMMOCK PINES BLVD.**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **CLEARWATER, FLORIDA**

28 **CLEARWATER, FLORIDA**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **34621**

25 **US**

29 **34621**

30 **US**

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASCARA, ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST. PETERSBURG FL 33702

81 Name
JOHN CHIGOS

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

901 HAMMOCK PINES BOULEVARD

83

84 City

CLEARWATER,

FL

85 Zip Code
34621

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 CHIGOS

2/16/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
ND
MASCARA, ERNEST L
877 EXECUTIVE CENTER DR. W., SUITE 303
ST. PETERSBURG FL 33702

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
P/D
JOHN CHIGOS
901 HAMMOCK PINES BOULEVARD
CLEARWATER, FLORIDA 34621
☐ Change ☒ Addition
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
VP/S/T/D
ALEX HERN
1102 BAYSHORE BOULEVARD
SAFETY HARBOR, FLORIDA 34695
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN CHIGOS
PRES.

2/16/95