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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000066563 (5)**

1. Corporation Name

~~STRAPPING PRODUCTS, INC.~~ CHABOT VENTURES, INC.

Principal Place of Business	Mailing Address
~~6550 TRADE CENTER DR~~ ~~JACKSONVILLE FL 32254~~	~~6550 TRADE CENTER DR~~ ~~JACKSONVILLE FL 32254~~
ADDRESS CHANGED SEE 24 2a	

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business
21: 2256 JOSE CIRCLE S.
Suite, Apt #, etc. 22:
City & State 23: JACKSONVILLE, FL
Zip 24: 32217 Country 25:

2a. Mailing Address
26: 2256 JOSE CIRCLE S.
Suite, Apt #, etc. 27:
City & State 28: JACKSONVILLE, FL
Zip 29: 32217 Country 30:

4. FEI Number: 59-3264160 ☐ 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

9. Name and Address of Current Registered Agent

~~CHABOT, DALTON E~~
~~6550 TRADE CENTER DR~~
~~JACKSONVILLE FL 32254~~
CHANGE OF ADDRESS →

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2256 JOSE CIRCLE S.
83
84 City: FL 85 Zip Code: 32217

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHABOT, DALTON E ~~6550 TRADE CENTER DR~~ ~~JACKSONVILLE FL 32254~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 2256 JOSE CIRCLE S. 32217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CHABOT, JUDITH M ~~6550 TRADE CENTER DR~~ ~~JACKSONVILLE FL 32254~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 2256 JOSE CIRCLE S. 32217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 000001853150 -06/06/96--01028--017 ***200.00

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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: Judith M. Chabot JUDITH M. CHABOT 4-26-96 904-733-2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #