

~~FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00~~

PROFIT
CORPORATION
ANNUAL REPORT



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

Amended Annual Report

FILED

97 MAY 15 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SH 5/1

Amended 1997

DOCUMENT # P94000083500

1. Corporation Name

CHILBERG-MAYFIELD, INC.

Principal Place of Business

Mailing Address

622 Beachland Blvd.
VERO BEACH FL 32963

622 Beachland Blvd.
VERO BEACH, FL 32963

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3285772

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

2. Principal Place of Business

21 1130 7th Court

Suite, Apt. #, etc.

22

City & State

23 Vero Beach, FL

Zip

4 32960

Country

25 USA

2a. Mailing Address

26 1130 7th Court

Suite, Apt. #, etc.

27

City & State

28 Vero Beach, FL

Zip

29 32960

Country

30 USA

9. Name and Address of Current Registered Agent

COLLINS, GEORGE G. JR.
756 BEACHLAND BOULEVARD
VERO BEACH FL 32963

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CHILBERG, STEVEN
STREET ADDRESS 622 BEACHLAND BLVD
CITY-ST-ZIP VERO BEACH FL 32963

TITLE DST ☒ DELETE

NAME MAYFIELD, STANLEY F.
STREET ADDRESS 622 BEACHLAND BLVD
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DPST

1.3 STREET ADDRESS 700002188437--7

1.4 CITY-ST-ZIP -05/22/97--01100--002

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME *****61.25 *****61.25

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 amended 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/97

CR2E034 (9/96)