

**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 # P94000088530 (8)

1. Corporation Name  
**CHITWOOD TROWEL TRADES OF LEE COUNTY, INC.**



Principal Place of Business: 7721 HIDDEN POND LANE N. FT. MYERS FL 33917  
Mailing Address: 7721 HIDDEN POND LANE N. FT. MYERS FL 33917

3. Date Incorporated or Qualified: 12/05/1994  
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business: 21 1248 Viscaya Parkway, Suite, Apt. #, etc. Unit #3, Cape Coral, FL 33990, USA  
2a. Mailing Address: 26 1859 Seafan Circle, Suite, Apt. #, etc. N. Ft. Myers, FL 33903, USA

4. FEI Number: 65-0540907  
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: CHITWOOD, JAMES R, 7721 HIDDEN POND LANE, N. FT. MYERS FL 33917  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable) 1859 Seafan Circle, 83, 84 City N. Ft. Myers, FL 85 Zip Code 33903

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, 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] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	CHITWOOD, JAMES R	1.2 NAME	
STREET ADDRESS	7721 HIDDEN POND LANE	1.3 STREET ADDRESS	1859 Seafan Circle
CITY-ST-ZIP	N. FT. MYERS FL 33917	1.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	D	2.1 TITLE	517
NAME	MORTEMORE, SANDRA L	2.2 NAME	Sandra L. Chitwood
STREET ADDRESS	7721 HIDDEN POND LANE	2.3 STREET ADDRESS	1859 Seafan Circle
CITY-ST-ZIP	N. FT. MYERS FL 33917	2.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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] Sandra L. Chitwood 4-4-96 941-772-5554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (12/95)