


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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90019 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95000001110</b>			
1. Corporation Name <b>H.T. CHITTUM OF NAPLES, INC.</b>			
Principal Place of Business <b>82748 OVERSEAS HWY ISLAMORADA FL 33036</b>		Mailing Address <b>82748 OVERSEAS HWY ISLAMORADA FL 33036</b>	
2. Principal Place of Business 21 <b>4242 Gulf Shore Blvd,</b> Suite, Apt. #, etc. <b>North</b> 22 <b>City &amp; State</b> 23 <b>Naples, FL</b> Zip <b>34103</b> Country <b>U.S.</b>		2a. Mailing Address 26 <b>City &amp; State</b> 27 <b>City &amp; State</b> 28 <b>City &amp; State</b> Zip <b>34103</b> Country <b>U.S.</b>	
9. Name and Address of Current Registered Agent <b>JAYMIE CHITTUM 82748 OVERSEAS HWY ISLAMORADA FL 33036</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CHITTUM, HAROLD T III	1.2 NAME	
STREET ADDRESS	82748 OVERSEAS HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	
NAME	CHITTUM, JAYMIE E	2.2 NAME	
STREET ADDRESS	82748 OVERSEAS HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	2.4 CITY-ST-ZIP	
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 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 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, with all other like empowered.

SIGNATURE: Jaymie Chittum SIGNATURE REQUIRED

1/11/99

Date

305-664-4421

Daytime Phone #

CR2E034 (11/98)