FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000006073 (0)**

1. Corporation Name
CHARTRAND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
343 W CENTRAL AVE LAKE WALES FL 33853	343 W CENTRAL AVE LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite Apt. # etc. (22):
Suite Apt. # etc. (27):
City & State (23):
City & State (28):
Zip (24): County (25): Zip (29): Country (30):

4. FEI Number: **59-3151683** ☐ 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

CHARTRAND, DAVID
343 W CENTRAL AVE
LAKE WALES FL FL338-53

10. Name and Address of New Registered Agent

81 Name: CAROL C CHARTRAND
82 Street Address (P.O. Box Number is Not Acceptable): 343 W. Central Ave
83:
84 City: Lake Wales FL 85 Zip Code: 33853

11. Pursuant to the provisions of Section 607.0502 and 607.150b, 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: Carol C Chartrand CAROL C CHARTRAND, PRES 4-25-95
(Registered Agent Signature Required Affirmatively) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
001 TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CHARTRAND, DAVID	1.2 NAME	
STREET ADDRESS	602 BUCK MANN RD.	1.3 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	1.4 CITY ST ZIP	
002 TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CHARTRAND, CAROL C	2.2 NAME	
STREET ADDRESS	602 BUCK MANN RD.	2.3 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	2.4 CITY ST ZIP	
003 TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
004 TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
005 TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
006 TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(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.

SIGNATURE: Carol C Chartrand CAROL C CHARTRAND 4-25-95 (813) 676-7587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440048 FP