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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000037348 (6)**

1. Corporation Name  
**CHESTERSON, INC.**



Principal Place of Business <b>4953 TRADITION DR. LAKELAND FL 33813</b>	Mailing Address <b>4953 TRADITION DR. LAKELAND FL 33813-3157</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> <u>1716 S. COMBER RD.</u> City & State <b>23</b> <u>LAKELAND, FL.</u> Zip <b>24</b> <u>33801</u> Country <b>25</b> <u>POLK</u>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> <u>1716 S. COMBER RD.</u> City & State <b>28</b> <u>LAKELAND, FL</u> Zip <b>29</b> <u>33801</u> Country <b>30</b> <u>POLK</u>		3. Date Incorporated or Qualified <b>05/10/1995</b>	3a. Date of Last Report <b>03/15/1996</b>
		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KNAPP, STEPHEN M 5417 S. FL AVE LAKELAND FL 33814</b>		10. Name and Address of New Registered Agent <b>81</b> Name <u>HUGH C. COOK</u> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <u>1716 S. COMBER RD.</u> <b>83</b> <b>84</b> City <u>LAKELAND</u> <b>FL</b> <b>85</b> Zip Code <u>33801</u>	
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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 Hugh C. Cook, Pres. DATE 3/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, HUGH C, PRESIDENT</b> <b>4953 TRADITION DR.</b> <b>LAKELAND FL 33813</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>JERRY BURNS, SEC/TRES.</b> <b>28 DUNAWAY</b> <b>WINTER HAVEN, FL. 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>COOK, CATHERINE A</b> <b>4953 TRADITION DR.</b> <b>LAKELAND FL 33813</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<b>WAYNE GALBERAITH, VICE PRES.</b> <b>3030 STANHOPE AVE.</b> <b>LAKELAND, FL. 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<b>DAVID R. PUENTES, DIRECTOR</b> <b>795 S. BROADWAY</b> <b>BARTOW, FL. 33830</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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 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 Hugh C. Cook, Pres. DATE 3/11/97

CR2E034 (9/96)