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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037348 (6)

CHESTERSON, INC.

**FILED** Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1716 S. COMBER RD. 1716 S. COMBER RD. LAKELAND FL 33801 LAKELAND FL 33801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name COOK, HUGH C. 1716 S. COMBER RD. 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 84 City 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. | INOTE Registered Agent signature required when reinstating. | DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 13. TITLE DELETE 1.1 TITLE DAUTO DOUCETTE Change **BURNS, JERRY** 5414 SOUTHBROUE PL NAME 1.2 NAME 28 DUNAWAY DEPECTUR LAKELAND, FL. 33813 STREET ADDRESS 1.3 STREET ADORESS WINTER HAVEN FL CITY-ST-ZIP 14 City-St-Zie DELETE TITLE 2.1 TITLE Change Addition | GALBERAITH, WAYNE NAME 2.2 NAME 3030 STANHOPE AVE. STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Addition PUENTES, DAVID R. NAME 3.2 NAME 795 S. BROADWAY STREET ADDRESS 3.3 STREET ADDRESS **BARTOW FL** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TATLE 5.1 TITLE Change Addition MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 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

ATUDE, HUCH CL

3/24/50 04-117-2101