

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90024 026 ***150.00

DOCUMENT # P95000037348

1. Corporation Name
CHESTERSON, INC.

Principal Place of Business

1716 S. COMBER RD.
LAKELAND FL 33801
US

Mailing Address

1716 S. COMBER RD.
LAKELAND FL 33801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 CHESTERSON CORP

Suite, Apt. #, etc.

27 P.O. Box 2505

City & State

28 EATON PARK, FL. (POLK)

Zip

Country

29 33840

30

USA

9. Name and Address of Current Registered Agent

COOK, HUGH C.
1716 S. COMBER RD.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 HUGH C. COOK, PRES. (Hugh C. Cook)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☒ DELETE

NAME BURNS, JERRY

STREET ADDRESS 28 DUNAWAY

CITY-ST-ZIP WINTER HAVEN FL

TITLE VP ☐ DELETE

NAME GALBERAITH, WAYNE

STREET ADDRESS 3030 STANHOPE AVE.

CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME PUENTES, DAVID R.

STREET ADDRESS 795 S. BROADWAY

CITY-ST-ZIP BARTOW FL

TITLE ST ☐ DELETE

NAME POUCETTE, DAVID

STREET ADDRESS 5414 SOUTHGROVE PL

CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

HUGH C. COOK, PRES. (Hugh C. Cook)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99
Date

941-667-2691
Daytime Phone #

CR2E034 (11/98)

0579810