

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995 1996



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

DOCUMENT #

1. Corporation Name

P95000054259

Chelton Properties, Inc.

Principal Place of Business

Mailing Address

P.O. Box 2128
Winter Park, FL 32790-2128

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/07/95

3a. Date of Last Report
none

2. Principal Place of Business

21 P.O. Box 2128

2a. Mailing Address

26 P.O. Box 2128

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number
59-3327004

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Winter Park, FL

28 Winter Park, FL

Zip

Country

Zip

Country

24 32790-2128 25 USA

29 32790-2128 30 USA

6. Election Campaign Financing
Trust Fund Contribution

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

10. Name and Address of New Registered Agent

Graham White, Esq.
Winderwee, Haines, Ward & Woodman, P.C.
250 Park Ave. South
P.O. Box 880
Winter Park, FL 32790-0880

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

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

(NOTE: Registered Agent signature required when reappointing)

8/5/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Chandler R. Muller, St #2 Ave
P.O. Box 2128, 1150 Louisiana
Winter Park, FL 32790-2128

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Sec./Treas.
Judy H. Muller
1150 Louisiana Ave., St #2
P.O. Box 2128
Winter Park, FL 32790-2128

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Winter Park, FL 32790-2128

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

70000191902
08/12/96--01032--024
***225.00

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96
Date

DeVine Phone 4