

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000055727 (8)**

1. Corporation Name

**CHUCK SHUPE, INC.**



Principal Place of Business

Mailing Address

~~9721 XENIA STREET  
NEW PORT RICHEY FL 34654~~

~~9721 XENIA STREET  
NEW PORT RICHEY FL 34654~~

2. Principal Place of Business

21 **8225 TANGLEWOOD DRIVE**

Suite, Apt. #, etc.

22

City & State

23 **NEW PORT RICHEY, FL**

Zip Country

24 **34654**

25

2a. Mailing Address

26 **8225 TANGLEWOOD DRIVE**

Suite, Apt. #, etc.

27

City & State

28 **NEW PORT RICHEY, FL**

Zip Country

29 **34654**

30

3. Date Incorporated or Qualified

**07/14/1995**

3a. Date of Last Report

4. FEI Number

**59-3327103**

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

**SHUPE, CHARLES B  
9721 XENIA STREET  
NEW PORT RICHEY FL 34654**

10. Name and Address of New Registered Agent

81 Name

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

**8225 TANGLEWOOD DRIVE**

83

84 City

**NEW PORT RICHEY,**

**FL**

85 Zip Code  
**34654**

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

*CHU SHUPE*  
Signature typed in print of current registered agent and if applicable, (if 11c Registered Agent's signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D SHUPE, CHARLES B**  
STREET ADDRESS **9721 XENIA STREET-**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
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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 **D/P/S/T**  
1.3 STREET ADDRESS **SHUPE, CHARLES B.**  
1.4 CITY-ST-ZIP **8225 TANGLEWOOD DRIVE  
NEW PORT RICHEY, FL 34654**

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*CHU SHUPE*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHUCK SHUPE** **Aug 6 96** **(813) 848-7303**

CR2E034 (3/96)