SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P95000064501 (6)

CHASTAIN AND ASSOCIATES, INC.

FILED Jul 23 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				18110 BIIN B100) ONN ODIGN 1881 IDGI
2404 WOODLE	Y AVE	2404 WOODLEY AVENUE				
LAKELAND FL 33803 LAKELAND FL 33803						
US US				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
O Delevelori D	None of Dunis	1 2 14 15			08/18/1995	
2. Principal Place of Business 21 7.0. Box 508 22 Mailing Address 26 N.0. Box			x 508		4. FEI Number	Applied For
21 1.0 80X SD8 26 1.0 SoX Sujte, Apt, #, etc. Sujte, Apt, #, etc.			n 308		59-3330156	Not Applicable
22 LEKeland, Florida 27 Lakeland, F			Florida		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			ne		6. Election Campaign Financing	\$5.00 May Be
		28 33802-05			Trust Fund Contribution	Added to Fees
Zip 24		Zip 29	Country		8. This corporation owes or has paid the	
24			30 USA	·	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHASTAIN CHARLES RANDALL 81 Name						red Agent
CHASTAIN, CHARLES RANDALL 2404 WOODLEY AVENUE 81 Name Tom Bryant						
LAKELAND FL 33803			82 Str	et Addres		
J 100/1/1	ELPGAD FE 33003		83	77 /	N. TENNESSEE AUE	
			اتا	Suite	202	
			84 City	4 <i>2K</i> e1	and, Florida F	FL 85 Zip Code /
11. Pursuant to the provisions of sections 677,0502 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 me obligations of, section 697.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name is replicated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE	10	1 - 1	Change Addition
NAME	CH as tain, Pamela S		1.2 NAME	Par	nela S. Chastain	
STREET ADDRESS	2404 WOODLEY AVENUE		1.3 STREET ADDRE		2 E. North Edd Blu	
CITY-ST-ZIP	LAKELAND FL 33803		1.4 CITY-ST-ZIP			/JD
TITLE	PD	DELETE	2.1 TITLE	PI) 0 1	Change Addition
NAME	CHASTIN, CHARLES R.		2.2 NAME	Chi	arics 'K, Chastain	
STREET ADDRESS	2404 WOODLEY AVE		2.3 STREET ADDRE	ss 100	7. T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ud. Apt 4-103
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Mu	rtreesboro, Th 371	30
TITLE		DELETE	3.1 TITLE	1		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRE	ss		
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRE	ss		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		_	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRE	ss		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	1	DELETE	6.1 TITLE			Change Addition
NAME	;		6.2 NAME			
\$TREET ADDRESS	•		6.3 STREET ADDRES	ss		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby ce	rtify that the information supplied with	his filing does not qualify for th	a evemption state	d in section	119 07/3\(ii) Florida Statutos I further cort	if the the information

an officer or director of the corporation of the pecinic forms 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 of the pecinic for the pecinic forms an officer or director of the corporation of the pecinic forms and that my name appears in Block 12 or Block 13 if changes, of on an attact, then the things and that my name appears in Block 12 or Block 13 if changes.

7/9/98