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FILED
Jun 06 1997 8:00am
Secretary of State

*PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000080536 (2)
1. Corporation Name
CHASLO MERCHANDISE & PRINTING CORPORATION



Principal Place of Business
2830 - 34TH STREET SOUTH
ST. PETERSBURG FL 33711

Mailing Address
2830 - 34TH STREET SOUTH
ST. PETERSBURG FL 33711-3817

2. Principal Place of Business
21 2970 - 34th Street South
Suite, Apt. #, etc.

2a. Mailing Address
26 2970 - 34th Street South
Suite, Apt. #, etc.

City & State
23 St. Petersburg, FL

City & State
27 St. Petersburg, FL

Zip Country
24 33711 25 U.S.

Zip Country
29 33711 30 U.S.

3. Date Incorporated or Qualified
10/19/1995

3a. Date of Last Report
09/23/1996

4. FEI Number
59-3314592
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

GILMORE, RICARDO L
101 E. KENNEDY BLVD., STE 3200
TAMPA FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS WILLIAMS, LORIAN S
CITY-ST-ZIP 2620 MIKOL TERRACE SOUTH
ST. PETERSBURG FL 33712

TITLE
NAME SD
STREET ADDRESS WILLIAMS, CHARLIE E
CITY-ST-ZIP 2620 MIKOL TERRACE SOUTH
ST. PETERSBURG FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 do 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.

SIGNATURE: [Signature]

5/1/97 10:13 8/7/97

CR2E034 (9/96)