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

CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005866 (4)

CHANTILLY ADJUSTING, INC.

Principal Place of Business Mailing Address 4312 CHANTILLY WAY 4312 CHANTILLY WAY MILTON FL 32583 MILTON FL 32583 2. Principal Place of Business 2a. Mailing Address 21

FILED Feb 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1996 4. FEI Number Applied For 59-3355294 Not Applicable Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. X Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHNS, JOSEPH L JR. Name 4312 CHANTILLY WAY R2 Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32583 83 City Zip Code 85 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 agont, 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 apple able (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11TITLE Change Addition JOHNS, JOSEPH L JR. NAME 1.2 NAME 4312 CHANTILLY WAY STREET ADDRESS 13 STREET ADDRESS **MILTON FL** City-St-7IP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition JOHNS, PAULA J NAME 22 NAME **4312 CHANTILLY WAY** STREET ADDRESS 2.3 STREET ADDRESS **MILTON FL** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 officerior of 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 in Changed, or on an attachment with an address

SIGNATURE

CITY-ST-ZIP

2-4-98