

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

FILED  
Aug 10, 1999 8:00 am  
Secretary of State

08-10-1999 90022 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000011607

1. Corporation Name

CHELSEA OF LEE COUNTY, INC.

Principal Place of Business

8024 ALICO RD.  
FT. MYERS FL 33912

Mailing Address

8024 ALICO RD.  
FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

65-0654298

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHEESMAN, ALAN H  
8024 ALICO RD.  
FT. MYERS FL 33912

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
CHEESMAN, ALAN H  
STREET ADDRESS  
8024 ALICO RD.  
CITY-ST-ZIP  
FT. MYERS FL 33912

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

P96000011607  
603881-90022-4

DIV OF CORPORATIONS     A H CHESMAN  
ANNUAL REPORTS FIL<sup>S</sup>     17260-11 EAGLE TRAIL  
PO BOX 1500     FT. MYERS  
TALLAHASSEE     FLORIDA 33908  
FL. 32302-1500

TEL 941 437 0636

8.3.99.

RE: ANNUAL REPORTS FILING.  
CHELSEA OF LEE COUNTY INC.  
D.B.A. HALFWAY CAFE.  
FIN 65-0654298.

DEAR SIR.

IN REGARDS TO OUR RECENT  
TELEPHONE CONVERSATION, PLEASE FIND  
ENCLOSED REPLACEMENT CHECK AND PHOTO  
COPY OF ORIGINAL SUBMISSION MAILED  
ON 4-16-99. MY BANK STATEMENTS  
SHOW THAT THIS CHECK HAS NOT BEEN  
PRODUCED FOR PAYMENT AND A "STOP"  
IS BEING PLACED ON IT. I APOLOGIZE  
FOR THE LOSS AND SUBSEQUENT EXTRA  
PAPERWORK ON YOUR PART AND I ALSO  
APPRECIATE YOUR UNDERSTANDING  
AND ALLOWING ME TO PAY ONLY THE  
ORIGINAL FEE.