

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

043669

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90155 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000018263

1. Corporation Name
CHAPMAN'S CUSTOM HOMES, INC.



Principal Place of Business 481 ROOSEVELT AVE. N.E. LAK PLACID FL 33852	Mailing Address 481 ROOSEVELT AVE. N.E. LAK PLACID FL 33852
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/28/1996	4. FEI Number 65-0643927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

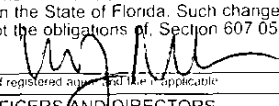
**JACKSON, ANDREW B
150 N COMMERCE
SEBRING FL 33871**

10. Name and Address of New Registered Agent

81 Name	WILLIAM J. NIELANDER
82 Street Address (P.O. Box Number is Not Acceptable)	110 E. INTERLAKE BLVD.
83	SUITE 101
84 City	LAKE PLACID FL
85 Zip Code	33852

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)

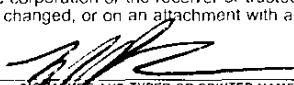
DATE

3-4-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, MICHAEL	1.2 NAME	
STREET ADDRESS	481 ROOSEVELT AVE, NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, RONALD A	2.2 NAME	
STREET ADDRESS	33 DREW DR	2.3 STREET ADDRESS	207 Bay Harbor Drive NE
CITY-ST-ZIP	VENUS FL	2.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, BARBARA	3.2 NAME	
STREET ADDRESS	33 DREW DR	3.3 STREET ADDRESS	207 Bay Harbor Drive NE
CITY-ST-ZIP	VENUS FL	3.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, PEGGY	4.2 NAME	
STREET ADDRESS	481 ROOSEVELT AVE NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99
Date

941-465-9185
Daytime Phone #

CR2E034 (11/98)