


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

FILED

May 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 # P96000069729

1. Corporation Name

CHAZ COLONY, INC.

Principal Place of Business

**444 Seabreeze Blvd.
Suite 900
Daytona Beach, FL 32118**

Mailing Address

**P.O. Box 15200
Daytona Beach, FL32115**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

August 21, 1996

3a. Date of Last Report

4. FEI Number

59-3411105

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

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST- ZIP

☐ Change

☒ Addition

P

Hood, Charles D. Jr.

444 Seabreeze Blvd., Suite 900

Daytona Beach, FL 32118

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST- ZIP

☐ Change

☒ Addition

V

Vandagriff, Sarah D.

444 Seabreeze Blvd., Suite 900

Daytona Beach, FL 32118

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST- ZIP

☐ Change

☒ Addition

S/T

Jones, Else J.

444 Seabreeze Blvd., Suite 900

Daytona Beach, FL 32118

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST- ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST- ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST- ZIP

☐ Change

☐ Addition

000002174040

-05/09/97--01135--027

*****165.00**

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:

Charles D. Hood, Jr., President 4/30/97 904/254-6875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)