SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

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CHESTNUT ELECTRIC CO.

Principal Place of Business Mailing Address 0362 S.W. 35TH STREET 9362 S.W. 35TH STREET MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name tiffo**rd,** arthur w esw. 1385 N.W. 15TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33125 83 Zip Code **B4** City 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 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. **\$IGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE WHEELER, ROGER S NAME 12 NAME C/O 1385 N.W. 15TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE 900002245229 Addition NAME Wheeler, Edith L 22 NAME -07/23/97--01085--013 C/O 1385 N.W. 15TH STREET STREET ADDRESS 2.3 STREET ADDRESS ****165.00 ****165.00 **MIAMI FL 33125** C/TY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 NITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - \$7 - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET DORESS 5.3 STREET ADDRESS CITY-ST 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY-ST-7IP

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 I shanged, or on an attachment with an address.