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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000076537 (5)

CHARNELL, INC.

FILED Feb 27 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					{	ONI ODIII NOEDO	FAIDI BIIDE A			
•	BTH STREET	5395 S.E. 38TH STREET	*							
OCALA FL		OCALA FL 34480-0609								
						3. Date Incorporated or Qualified 09/13/1996	3a. Da	ate of Last	Report	
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number			pplied For		
1		26			59-34174					
Suite, Apt. #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	sired S8.75 Additional Fee Required				
City & S		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
_ <i>Z</i> ip	Country	Ζφ		untry		8. This corporation has liability for			s. 199.032,	
4	25 g. Name and Address of Cur	29	30	- -		Florida Statutes 10, Name and Address of New		<u> </u>		
		Tent Hegistered Agent		81	Name	10, Name and Address of New	negistered	Agent		
	RNOLD, CHARLIE N			"	INGILIE					
5395 S.E. 38TH STREET				82	Street Add	ress (P.O. Box Number is Not Accept	able)			
U	CALA FL 34480			83						
				84	City			85 Zij	Code	
	ant to the provisions of Sections 607 to or registered agent, or both, in the St I am familiar with, and accept the ob				,		FL.	. - - '		
SIGNATUR	Signature, type the professioner of registross	f agent and the if applicable (NO AND DIRECTORS	DTE Registere	ed Age	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12	
TI*LF	D	DELETE	1.1 7	ITLE				Change	Additio	
NAME	ARNOLD, CHARLIE N		1.2 N	IAME						
STREET ADDRES			1.3 \$	TREET	ADDRESS					
C(1Y - ST - 7IF)	OCALA FL 34480		1,4 0	ITY-S	T-21P					
TITLE	D	L) DECETE	2.1 T	ITLE				L Change	Additio	
NAME	ARNOLD, JANELL M		2.2 N							
STREET ADDRE					ADDRESS					
CITY - ST - ZIP	OCALA FL 34480	DELETE			ST-ZIP			Change	Additio	
TITLE Name		L_J DELETE	317	IAME			Y - 18		MODING	
rvanie Street alidre	25				ADDRESS					
SINCCI AUDMC OTY-SE-7₽	35				ST-ZIP					
HILE		DELETE	417	••••	31-71	***************************************		Change	Addition	
NAME			- 1	NAME						
STREET ADDRE	S\$				ADDRESS					
CITY-ST-ZIP			1	HTY-S	ì					
TITLE		DELETE	5.1 7					Change	Additio	
NAME		L. J DELECTE			l					
	Í	DEEE	5.2 N	AME						
STREET ADDRE	SS	ב שנינונ			ADDRESS					
	\$\$		5.3 \$							
City - St - 715	\$\$	DELETE	5.3 S 5.4 C	STREET				Change	e 🔲 Add-tio	
CITY - ST - 719	ŞS .		5,3 S 5.4 C 6.1 T	STREET CITY - S			<u></u>	Change	e □ Add±io	
CITY - ST - 719* TITLE NAME			5.3 S 5.4 (6.1 T 6.2 N	STREET CITY - S TITLE NAME				Change	e 🔲 Add-tio	
TITLE			5.3 S 5.4 C 6.1 T 6.2 N	STREET CITY - S TITLE NAME	ADDRESS	d is Section 110.07(2V). Floride State				

4. 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 frue 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:

Charlie n. Amold Pres SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-25-97 352 624-1569