
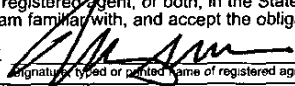


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90181 046 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P96000079287</b>			
1. Corporation Name <b>CHESHIRE SERVICE GROUP INCORPORATED</b>			
Principal Place of Business <b>712 DREAM ISLAND ROAD LONGBOAT KEY FL 34228</b>		Mailing Address <b>712 DREAM ISLAND ROAD LONGBOAT KEY FL 34228</b>	
2. Principal Place of Business 21 <b>7304 CR 675</b>		2a. Mailing Address 26 <b>7304 CR 675</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>BRADENTON FL</b>		City & State 28 <b>BRADENTON FL</b>	
Zip 24 <b>34202</b>		Country 25 <b>US</b>	
Zip 29 <b>34202</b>		Country 30 <b>US</b>	
9. Name and Address of Current Registered Agent <b>HEINZ, TOMMY J 712 DREAM ISLAND ROAD LONGBOAT KEY FL 34228</b>		10. Name and Address of New Registered Agent 81 Name <b>HEINZ, TOMMY J</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7304 CR 675</b> 83 84 City <b>BRADENTON</b> FL 85 Zip Code <b>34202</b>	
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  DATE <b>4/17/99</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEINZ, TOMMY 712 DREAM ISLAND ROAD LONGBOAT KEY FL 34228</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D HEINZ, TOMMY J 7304 CR 675 BRADENTON, FL 34202</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HEINZ, JOAN C 712 DREAM ISL RD. LONGBOAT KEY FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>P HEINZ, JOAN C 7304 CR 675 BRADENTON, FL 34202</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **HEINZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99 941-322-8502

Date Daytime Phone #

CR2E034 (11/98)

0468851