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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079287

1. Corporation Name

CHESHIRE SERVICE GROUP INCORPORATED

Principal Place of Business

Mailing Address

712 DREAM ISLAND ROAD LONGBOAT KEY FL 34228

SIGNATURE:

712 DREAM ISLAND ROAD LONGBOAT KEY FL 34228

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90181 046 ***150.00



DO NOT WRITE IN THIS SPACE

	i e			09/20/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For		
	4 LR 675	26 7304 CR	675	65-0704786 Not Applicable		
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
12		27		5. Certificate of Status Desired Fee Required		
City & State	ENTON FL	City & State 28 BRADENTO	I EI	6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees		
<u> </u>		Zip Zip	Country			
¬ Zip / 1 /	Country	<u> </u>	¬	8. This corporation owes the current year Intangible Personal Property Tax.		
4 244	9. Name and Address of Current F	29 34 20 2 30	<u> </u>	10. Name and Address of New Registered Agent		
	9. Name and Address of Current	registered Agent	81 Name	_		
HEINZ, TOMMY J				HEINA, IDMMY J		
712 DREAM ISLAND ROAD			82 Street Andress (P.O. Box Number is Not Acceptable)			
LOUDGOLT VEN EL GLOCO				83		
			[00]			
			84 City	BRADENTON FL 85 32420		
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508. Florida Statutes.				
office or r	egistered gent, or both, in the State of	Florida, Such change was auth	orized by the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
		ns or, Section 607.0505, Florida	a Statutes.	4/17/99		
SIGNATURE	eignature typed or pented name of registered agent as	nd title if applicable. (NOTE: Re	egistered Agent signature	e required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE D	D		
NAME I	HEINZ, TOMMY		1.2 NAME	HEINZ, TOMMY J		
STREET ADDRESS	712 DREAM ISLAND ROAD		1.3 STREET ADDRESS	HEINZ, TOMMY J 1304 LR675		
CITY-ST-Z/P	LONGBOAT KEY FL 34228	i	1.4 CITY-ST-ZIP	BRADENTON, FL 34ZDZ		
TITLE	P	DELETE	2.1 TITLE	7 Change Additio		
NAME	HEINZ, JOAN C	<u>-</u>	2.2 NAME	HEINZ, JOAN C 1304 CE 675		
STREET ADDRESS	712 DREAM ISL RD.		2.3 STREET ADDRESS	1304 CP675		
CITY-ST-ZIP	LONGBOAT KEY FL		2. 4 CITY-ST-ZIP	BRADENTON, FL 34202		
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Additio		
NAME			3.2 NAME	A Section of the sect		
STREET ADDRESS		!	3.3 STREET ADDRESS	s		
			3.4. CITY-ST-ZIP	v e e e e e e e e e e e e e e e e e e e		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Additio		
NAME			4.2 NAME			
			4.2 TRAVILE 4.3 STREET ADDRESS			
STREET ADDRESS				5		
CITY-ST-ZIP		[] DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Additio		
TITLE	7 in	-	5.1 IIILE 5.2 NAME			
NAME	The second of th		5.3 STREET ADDRESS	s		
STREET ADDRESS	property of the state of	e Something Control	5.4 CITY-ST-ZIP	~		
CITY-ST-ZIP		DELETE	6.1 ΠπLE	☐ Change ☐ Additio		
TITLE	1 () 1 () () () () () ()	- DETEIL	6.2 NAME			
NAME			6.3 STREET ADDRESS	e		
STREET ADDRESS			•	,		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	- Coating 440 07/23/2) Closide Ctatutes I further contifu that the information		
14. I hereby o	ertify that the information supplied with on this annual report or supplemental ar	mis tiling does not quality for the	ie exemption state te and that my sigr	ed in Section 119.07(3)(i), Florida Statutes, Frurther Certify that the Information inature shall have the same legal effect as if made under oath; that I am an		
14. I hereby of indicated of officer or of Block 12 of	erury that the information supplied with on this annual report or supplemental director of the corporation or the receive or Block 13 if changed, or or an attachn	tris tiling does not quality for the nnual report is true and accurate or trustee empowered to exe- nent with an address, with all of	ie exemption state te and that my sigr cute this report as ther like empowere	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the informati inature shall have the same legal effect as if made under oath; that I am an is required by Chapter 607, Florida Statutes; and that my name appears in red.		