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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000087673 (5)

RED CHESTNUT, INC.

Principal Place of Business

CITY - ST - ZIF

500 WEST CYPRESS CREEK ROAD 500 WEST CYPRESS CREEK ROAD SUITE 455 SUITE 455 FT LAUDERALE FL 33309 FT LAUDERALE FL 33309-6156 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Ζφ Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 30 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TOMLINSON, JOHN L **500 WEST CYPRESS CREEK ROAD** Street Address (P.O. Box Number is Not Acceptable) **SUITE 455** 83 FT LAUDERDALE FL 33309 84 City 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of nigistered agent and fice if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE TITLE 1.1 TITLE Change \_\_\_ Addition TOMLINSON, JOHN L 1.2 NAME 500 WEST CYPRESS CREEK RD #455 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIF 14 City-ST-ZiP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CiTY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C:TY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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