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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000100677

1. Corporation	Name				ı			
CHEVCO ENTERPRISES, INC.					1			
·								
Principal Place of Business Mailing Address					ļ			
3828 ALAMANDA DR 3828 ALAMANDA DR					Ì			
SARASOTA FL 34238 SARASOTA FL 34238 US					DO NOT WRITE IN THIS SPACE			
					Ī	3. Date Incorporated or Qualifed		
						12/12/1996		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21 26				65-0721553			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27				<u> </u>	Fee Re	
City & State	مست. ـ ر9	City & State				6. Election Campaign Financing \$5.00 May Be		
23	Country	28	Country	 -	\dashv	Trust Fund Contribution 8. This corporation owes the current year		.0 1885
Zip	25 29 30		_ `	Country		Personal Property Tax.	Yes	XNo
24 25 29 30 30 9. Name and Address of Current Registered Agent					1	10. Name and Address of New Registers		<u> </u>
	J. Harrio and Address of Garren		81	Name				
GROUSE, EVELYN C			82	Ctront Ac	ddess	s (P.O. Box Number is Not Acceptable)		
3828 ALAMANDA DR			82	Street Ac	aures	S (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34238			83					
			84	City			85 Zip (Code
				1		· · · · · · · · · · · · · · · · · · ·	·L	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the abov	e-named co	orpora	ation submits this statement for the purpose	of changing its pointment as re	registered aistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes	3.	a	's board of directors. I hereby accept the app		
SIGNATURE								
	Signature, typed or printed name of registered agent			nt signature requ	uired w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PS IN 12
12.	PS OFFICERS AN	D DELETE	13.	· ·		ADDITIONS/CHANGES TO CITICENS	☐ Change	☐ Addition
NAME			1.2 NAME] '	•			_
STREET ADDRESS	3828 ALAMANDA DR			T ADDRESS				
CITY-ST-ZIP	0.5.05.5		1.4 CITY-S				-	
TITLE			2.1 TITLE		-		☐ Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS	3828 ALAMANDA DR		2.3 STREE	TADDRESS				
CITY-ST-ZIP			2, 4 CITY-	ST-ZIP				<u> </u>
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	3.1 TITLE		· ·		☐ Change	☐ Addition
NAME			3.2 NAME				•	ļ
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	İ			☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				,
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			- Chanca	Addition
TITLE		☐ DELETE	5.1 TITLE			•	Change	
NAME			5.2 NAME	TADDDECC	•	· · ·		1
STREET ADDRESS			5.4 CITY-S	TADDRESS				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	21-4IF			Change	☐ Addition
TITLE		F. VELETE	6.2 NAME			•		
NAME	1		T AND LABOUR					

CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS