

6-10-97 B-7796 C
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Jun 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101577 (0)

1. Corporation Name

CHESAPEAKE ATLANTIC HOLDINGS, INC.

Principal Place of Business

220 E. MADISON ST.
SUITE 1200
TAMPA FL 33602

Mailing Address

220 E. MADISON ST.
SUITE 1200
TAMPA FL 33602-4827

3. Date Incorporated or Qualified

12/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 Gregory L Hughes
Suite, Apt. #, etc. STE

22 220 E. Madison St. 1200
City & State

23 Tampa FL
Zip Country

24 33602 Hillsborough

2a. Mailing Address

26 Gregory L Hughes
Suite, Apt. #, etc. STE

27 220 E. Madison St. 1200
City & State

28 Tampa FL
Zip Country

29 33602 Hillsborough

4. FEI Number

59-3421145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

TAYLOR, J. SCOTT
120 HYDE PARK PLACE
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name Gregory L. Hughes
82 Street Address (P.O. Box Number is Not Acceptable)
220 E. Madison St. Suite 1200
83
84 City Tampa FL 85 Zip Code 33602

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 *[Signature]*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS HUGHES, GREGORY L
CITY - ST - ZIP 2100 BAYSHORE BLVD #PH2
TAMPA FL 33608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

118 275 411

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