

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 28 1998 8:00 am
Secretary of State

DOCUMENT # P97000046299 (8)

1. Corporation Name

CONTINENTAL LENDING GROUP, INC.



Principal Place of Business

**1342 COLONIAL BLVD STE 229
FT MYERS FL 33907**

Mailing Address

**1342 COLONIAL BLVD STE 229
FT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

65-0758553

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1342 Colonial Blvd.

2a. Mailing Address

26 1342 Colonial Blvd.

Suite, Apt. #, etc.

22 Bldg. K. Suite 229

Suite, Apt. #, etc.

27 Bldg. K. Suite 229

City & State

23 Ft. Myers, FL.

City & State

28 Ft. Myers, FL.

Zip

24 33907-1044

Country

25 USA

Zip

29 33907-1044

Country

30 USA

9. Name and Address of Current Registered Agent

**CHAULK, WILLIS J
16169 EDMONT DRIVE
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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 ☐ DELETE

**D
NAME CHAULK, WILLIS J
STREET ADDRESS 16169 EDMONT DR
CITY-ST-ZIP FT MYERS FL 33908**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**P
NAME Michael D. Chaulk
STREET ADDRESS 6021 Tidewater Circle
CITY-ST-ZIP Ft. Myers FL. 33908**

2.1 TITLE ☒ Change ☐ Addition

**V/T/D
NAME Willis J. Chaulk
STREET ADDRESS 16169 Edgemont Dr.
CITY-ST-ZIP FT. Myers, FL. 33908-3653**

3.1 TITLE ☐ Change ☒ Addition

**S/D
NAME Brenda P. Chaulk
STREET ADDRESS 16169 Edgemont Dr.
CITY-ST-ZIP Ft. Myers, FL. 33908-3653**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address.

SIGNATURE

President Jan. 5, 1998 (941)277-0366

CR2E034 (10/97)