COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT# P98000038368

CHANDLER KNOWLES, INC.

FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90005 002 ***550.00



		_			-	1916 8 8 19 8 114 8 1 1 810 8 1411 8 9 14 8 1 1817 188
cipal Plac	e of Business	Mailing Address				
O BAYOU BLVD 4400 BAYOU BLVD						
RDOVA SQUARE. #26-B CORDOVA SQUARE. #26-B					DO NOT WRITE IN	I THIS SPACE
ISACOLA FL 32503 PENSACOLA FL 32503					3. Date Incorporated or Qualified	
		_			04/27/1998 —	معاديين در
Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	DO LONG ST.	26 6400 LON	Λ	<u>St.</u>	C9-3C1327	Not Applicable
	<u> </u>	Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
PENSACOLA FL 28 FENSACE			Trust Fund Contribution Added to Fees		¥	
in 3	2574 Country		intry	,	8. This corporation owes the current y	ear .
	25 USA	29 32504 30		SA	Intangible Personal Property.	Yes No
	9. Name and Address of Current		T		10. Name and Address of New Regis	tered Agent
			81	Name		
THEODORE W. SOULE, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)		
316 S BAYLEN ST, STE 560			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
PEN	ISACOLA FL 3250†		83			
				ļ		
			84	City		FL 85 Zip Code
agent. I	am familiar with, and accept the obligat	tions of, section 603.0505, Florida Sta	tutes	5.	n's board of directors. I hereby accept the	DATE
	Signature, typed or printed name of registered agent		ered A	gent signature requir	ADDITIONS/CHANGES TO OFFICE	
	OFFICERS AND		TI E		ADDITIONS/CHANGES TO OFFICE	Change Addition
	i d Knowles, Robert C Jr.		AME		lowley, rober	
					400 LONG ST	×27
ET ADDRESS	4400 BAYOU BLVD, CORDOVA			TADDRESS		3 375714
ST-ZIP	PENSACOLA FL 32503		TY-ST	r-ZIP	'Ensacola, F	Change Addition
		DELETE 2.1T				Change Addition
	,	2.2 N				
ET ADORESS				TADDRESS		
ST-ZiP			ITY-ST	r-ZIP		
	•	DELETE 3.1 T		ļ		Change Addition
<u> </u>		3.2 N		i		
ET ADDRESS				TADDRESS		
ST-ZIP			!TY-\$1	r-zip		
		DELETE 4.1T		ľ		Change Addition
		4.2 N				
ET ADDRESS				TADDRESS		
ST-ZIP			ITY-ST	r-zip		
		DELETE 5.1 T				Change Addition
	·	5.2 N				
ET ADDRESS	27.334 6 2 3			TADDRESS		
3T-ZIP 👫 🗓	Time to be seen for other		ITY-S	r-zip		
		DELETE 6.1 T				Change Addition
		6.2 N	AME		·	
ET ADDRESS		6.3 \$	TREET	TADDRESS		
3T-ZIP			ITY-S			of the late of the second
horoby o	artify that the information symplied with	this filing does not qualify for the exem	ntion	o stated in secti	on 119.07(3)(i), Florida Statutes. I further	certify that the information

ndicated 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 n Block 12 or Block 13 if changed, or the production of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears n Block 12 or Block 13 if changed, or the production of the corporation of the corporation of the receiver of the corporation of the

GNATURE: