

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90004 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000057756

1. Corporation Name

CHACKOMATT CORPORATION

Principal Place of Business

~~203 SOUTH PARSONS AVENUE~~
~~BRANDON FL 33511~~

Mailing Address

~~203 SOUTH PARSONS AVENUE~~
~~BRANDON FL 33511~~

3923 APPLE TREE DRIVE
VALRICO, FL, 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

2. Principal Place of Business

21 CHACKOMATT CORP

Suite, Apt. #, etc.

22 13025 HWY 301S

City & State

23 RIVERVIEW, FL

Zip

24 33569

Country

25 HILSBROUGHT

2a. Mailing Address

26 CHACKOMATT CORP

Suite, Apt. #, etc.

27 13085 HWY 301S

City & State

28 RIVERVIEW, FL

Zip

29 33569

Country

30 HILSBROUGHT

4. FEI Number

593518674

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 the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

~~PRICE, M. WEBSTER~~

~~203 SOUTH PARSONS AVENUE~~

~~BRANDON FL 33511~~

10. Name and Address of New Registered Agent

81 Name

MATHEW T. CHACKO

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

3923 APPLE TREE DRIVE

83

VALRICO FL 33594

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

Matthew T. Chacko

mc SAME AGENT

4/22/99

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 PD ☐ DELETE

NAME CHACKO, MATHEW T
STREET ADDRESS 3923 APPLE TREE DRIVE
CITY-STATE-ZIP VALRICO FL 33594

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a different like empowered.

SIGNATURE:

Matthew T. Chacko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 813 6770001

Date Daytime Phone #

CR2E034 (11/98)