

FLORIDA DEPARTMENT OF STATE

Katherine Harris 🚣 🕶

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000061658

1. Corporation Name

CHANTER INVESTMENT SERVICES INC

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90234 040 ***150.00

SOMMIER MAESTMENT SENVICES), ING:			
Principal Place of Business	Mailing Address		() \$40(100) 114 (8(8) 18(1) 80111 80111 8011	· · · · · · · · · · · · · · · · · · ·
1430 GENE ST.	1430 GENE ST.			
WINTER PARK FL 32789 WINTER PARK FL 32789			DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed 07/10/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3522085	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	7in	Country	Trust Fund Contribution	
Zip Country	Zip 30	¬ ·	 This corporation owes the current year to Personal Property Tax. 	mangible ☐ Yes X No
24 25 9. Name and Address of Curre			10. Name and Address of New Registere	
5. Name and Address of Ourice	IN Neglistered Agent	81 Name		
SCHROTH, ROBERT T		70 Ot 11 Add	(D.O. Day Number is Not Assentable)	······································
1430 GENE ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	1
WINTER PARK FL 32789		83		
		84 City		85 Zip Code
		'	F	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE	· Lubert Toold	Schro H agistered Agent signature require	d when reinstating) DATE	/ 79
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE Prosident	. DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME Robert Todd Schrott	<i>h</i>	1.2 NAME		
STREET ADDRESS 14 80 Gove St	m 516	1.3 STREET ADDRESS		į
CITY-ST-ZIP Vinter Park, PL 37	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	,	Change Addition
TIME Vide President	LJ DELETE	2.2 NAME		
NAME Howler + 175 dhrafth		2.3 STREET ADDRESS		1
STREET ADDRESS IN SACRACISH		2.14 CITY-ST-ZIP		. <u>.</u>
TITLE 1/:3 Page (1)	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
Kide hi edident		3.2 NAME		ļ
STREET ADDRESS		3.3 STREET ADDRESS		1
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE IVICE DARK deat	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME SI LIGUES L	ra lee	4. 2 NAME		
STREET ADDRESS Shortard Haugabrooks CITY-ST-ZIP TITLE Winter Park, PL 32789 DELETE		4.3 STREET ADDRESS		
CITY-ST-ZIP 1430 Gene St		4.4 CITY-ST-ZIP		
TITLE 110 tor Durk PL				
1 (4/11) (6) (3)	32789 □ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME OF THE STATE	32789 □ DELETE	5.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	32789 DELETE	5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	32789 DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		

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 eddress, with all other like empowered.

SIGNATURE: