PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P98000088120

CHANCEY & SONS, INC.

## FILED Jul 12, 1999 8:00 am Secretary of State

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rincipal Place of Business Mailing Address 1382 FAST C 462 1382 EAST C 462 WILDWOOD FL 34785 NILDWOOD FL 34785 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1998 Applied For 2a. Mailing Address Principal Place of Business Chancey 5008 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year ☐ Yes No. Intangible Personal Property. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agen Name FITZGERALD, BEN W 82 Street Address (P.O. Box Number is Not Acceptable) 240-B SOUTHWEST 8TH STREET WILDWOOD FL 34785 83 Zip Code 84 85 City 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. **3IGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TLE DELETE 1 1 TITLE FITZGERALD, BEN W 1.2 NAME AME 240-B SOUTHWEST 8TH STREET 1.3 STREET ADDRESS TREET ADDRESS OCALA FL 34474-3677 1.4 CITY-ST-ZIP ITY-ST-ZIF Change Addition 21 TITLE TLE DELETE 22 NAME AME CHANCEY, DENNIS J 2.3 STREET ADDRESS 1292 EAST C-462 TREET ADDRESS WILDWOOD FL-34785 2.4 CITY-ST-ZIP ITY-ST-ZIP TLE DELETE 3.1 TITLE \_\_\_ Change Addition 3.2 NAME AME 3.3 STREET ADDRESS TREET ADDRESS 3.4 CITY-ST-ZIP ITY-ST-ZIP Change 4.1 TITLE Addition ITLE DELETE 4 2 NAME **TREET ADDRESS** 4.3 STREET ADDRESS TTY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE \_\_ Change \_\_\_ Addition TLE DELETE 5.2 NAME AME 5.3 STREET ADDRESS FREET ADDRESS 5.4 CITY-ST-ZIP ITY-ST-ZIP 6.1 TITLE DELETE \_\_\_ Change TLE 6.2 NAME 6.3 STREET ADDRESS TREET ADDRESS ITY-ST-ZIP 🕏 6.4 CITY-ST-ZIP

4. 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:

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July 6 1999

352-)48-62/2 Daytime Phone # CR2E034 (5/99)