FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 20 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
PAMELA CHESEBROUGH, INC

DOCUMENT #
S88360 (0)

000001518920
-06/21/95--01031--005
****225.00 ****225.00

Mailing Address
~~417 FIRST STREET N~~
~~INDIAN ROCKS BEACH FL 34635~~

Principal Place of Business
~~417 FIRST STREET N~~
INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address: 21 ~~350 Gulf Blvd~~	2a. Principal Place of Business: 26 350 Gulf Blvd
Suite, Apt # etc: 22 1064 Tallowood Drive	Suite, Apt # etc: 27
City & State: 23 Largo FL	City & State: 28
Zip: 24 34640-4253 Country: 25 USA	Zip: 29 Country: 30

3. Date Incorporated or Qualified: 10/18/1991
3a. Date of Last Report: 05/01/1993
4. FEI Number: 59-3069227 — 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHESEBROUGH, PAMELA
~~417 1ST ST N~~
~~INDIAN ROCKS BEACH FL 34635~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1064 Tallowood Drive
83
84 City: Largo FL
85 Zip Code: 34640

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ (Registered Agent Accepting Appointment) DATE ______

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	CHESEBROUGH, PAMELA H.	1.2 NAME	
1.3 STREET ADDRESS	417 FIRST ST N	1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	INDIAN ROCKS BCH FL	1.4 CITY, ST, ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP		2.4 CITY, ST, ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela H. Chesebrough — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-10-95 Daytime Phone #: (813) 596-9078