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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE?

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V00848

ROBERT										
	r Marshall CHB, Inc.									
Principal Place of Business Making Address					, /2011 BA 11, 101// 0410	. 1441 A.ABL 12-1 614.	,_,			
444 TALLEYRA	ND AVE	PO BOX 4008								
STE B JACKSONVILLE FL 32203						DO NO	T WRITE IN TH	IS SPACE		
JACKSONVILLE FL 32202 US						3. Date Incorporated or Qualified				
05						12/16/1991			į	
2 Principal P	Place of Business	Za, Mailing A	ddress			4. FEI Number		Ар	plied For	٠,
21	lace of Cosmoda	26				59-3097480		No	4 Applicable	٠.
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.				ired 🗆	. \$8.75 <i>p</i>	Additional	٠
22		27		_		5. Certificate of Status Des		Fee Re	quired-	
City & Stat	te	City & Sta	ate			6. Election Campaign Fina	anding	\$5.00	•	
23		28				Trust Fund Contribution	<u> </u>	Added t	o Fees	==
Zip	Country	Zip		. Country		B. This corporation owes t	he current year l			
24	25	29	30	1		Personal Property Tax.	New Dealesers	☐ Yes	□No	
	9. Name and Address of Cum	ent Registered Age	nt	81	Name	10. Name and Address of	new Kegistère	o Agent		
CUE	TON C I			*'	HAIIN					
	pton, C.J. 27 Lem Turner RD			82	Street Add	dress (P.O. Box Number is Not /	Acceptable)			
1	KSONVILLE FL 32218			83			<u> </u>			
ا	MOUNTILLE FL JEZ 10			63		_			14 2. 11	
!				84	City	3.	F	B5 Zip C	ode	
1							for the ourses	of changing its	registered	1
			inner Ctabulati		Loomed cor					
11. Pursuant	lo the provisions of Sections 607.03 registered/spent/ or both, in the Stat	502 and 607 1508, F of Florida, Soch ch	ionda Statutes. ange was auth	the above open by t	named cor the corporat	tion's board of directors. I hereb	y accept the app	ointment as rep	penetzig	
11. Pursuent office or a agent. I s	to the provisions of Sections 607.05 registered agent or both, in the Statem familiar with and accept the obtain	502 and 607.1508, F of Florida, Soch of pations of Section 60	lorida Statutes, nange was auth 07.0505 Florida	the above bytes by the Statutes.	-named cor the corporat	poration scomits this statement don's board of directors. I hereb	y accept the app	ointment as rec	gistered	
11. Pursuant office or i agent. I a	Market State		-2	~			y accept the app	ointment as reg	gistered L	· •
SIGNATURE	Significant, hydroi or printed name of registered as	gent and title l'applicable.	-2	~		poration submits this statement tion's board of directors. I hereb (red when relinating) ADDITIONS/CHANGES	DATE	UF	RS IN 12	(88)
SIGNATURE	Stylinture, hydro or printed name of registered at	gent and see l'abolicable. AND DIRECTORS	-2	gistered Agent	t signature requir	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO		(11/98)
SIGNATURE	Significant, typical or printed name of registered at OFFICERS A	gent and see l'abolicable. AND DIRECTORS	(NOTE: Re	gistered Agent 13.	t signature requir	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO	RS IN 12	34 (11/98)
SIGNATURE 12. TITLE NAME	Signature, hydrod or printed name of registered at OFFICERS & D GUPTON, C.J.	gent and see l'abolicable. AND DIRECTORS	(NOTE: Re	13.	t signature requir	ADDITIONS/CHANGES RES OBERT G. M LUY TRICK RA	TO OFFICERS	AND DIRECTO	RS IN 12 PAddition	E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Significan, hydrocorpanical name of registered as OFFICERS & D GUPTON, C.J. 11127 LEM TURNER RD	gent and see l'abolicable. AND DIRECTORS	(NOTE: Re	otslered Agent 13. 1.1 TITLE 12 NAME	t signature requir	ADDITIONS/CHANGES RES OBERT G. M LUY TRICK RA	TO OFFICERS	AND DIRECTO Change ST 3220	RS IN 12 MAddition	R2E034 (11/98)
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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 Statutas. 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 explowered to decreate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an appears, with all other provided in the corporation of the corporation or the receiver or trustee explosured by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 20, 1999 8:00 am Secretary of State

01-20-1999 90012 039 ***150.00