

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # **V00848**

1. Corporation Name

ROBERT MARSHALL CHB, INC.

Principal Place of Business

**444 TALLEYRAND AVE
STE B
JACKSONVILLE FL 32202
US**

Mailing Address

**PO BOX 40082
JACKSONVILLE FL 32209
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1991

4. FEI Number

59-3097480

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

**GUPTON, C.J.
11127 LEM TURNER RD
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81 Name

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

83

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

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 ☐ DELETE

**D
GUPTON, C.J.
11127 LEM TURNER RD
JACKSONVILLE FL**

TITLE ☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99**904-354-7482**

Daytime Phone #

CR2E034 (11/98)