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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



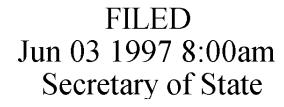
FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V15552

(5)

CHET DOUTHIT, INC.





Principal Place of Business		Mailing Address						
POST OFFICE BOX 87 CLEWISTON FL 33440		POST OFFICE BOX 87 CLEWISTON FL 33440-0087						
					3. Date Incorporated or Qualified 01/01/1992	3a. Date of 05/01/		eport
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ap	plied For	
21		26				t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ <b>\$</b>	<b>8.75</b> A Fee Re	dditional quired	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Country 30		8. This corporation has liability for i	r intangible tax under s. 199.032,		
	ne and Address of Current		190		10. Name and Address of New Re			
DOUTHIT, CI		<u>, ~ , , , , , , , , , , , , , , , , , ,</u>	81	Name		<u> </u>		
614 E. PASADENA AVE			82	Charat Ad	(D.C. D., M., L., L., L., L., M., A., L., L., L., L., L., L., L., L., L., L			
CLEWISTON FL 33440			82	Street Add	dress (P.O. Box Number is Not Acceptab	10)		
4			83					<u>-</u>
,			84	City		FL 85	Zip (	Code
da Durana - t - the	Jelena of Continue COZ OCCO	and CO7 1500 Flating Co.	too the -t		rporation submits this statement for the p		onina 3	n rociolaras
office or registered a	agent, or both, in the State of	Florida. Such change was	authorized by	the corpor	ation's board of directors. Thereby accep	of the appointr	nent as	registered
1	with, and accept the obligation	ons of, Section 607.0505, F	iorida Statute:	S.				
SIGNATURE. Signature tvo	ed or printed name of registered agent	and title if applicable (NO	TE Registered Aor	ent signature rec	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIP	ECTOR	S IN 12
TITLE D P	regident	☐ DELETE	1.1 3tTLE				Change	Addition
! <b>D</b> AITE	NY PHET	. 1	1.2 NAME					
STREET ADDRESS POST	OFFICE BOX 87 DX 64	4 E VOSEDENA	1.3 STREET	ADDRESS				
CITY-ST-ZIP CLEWI	STON FL 3366	Ó	1.4 CITY- 9	ST-74P				
TITLE	,	☐ DELETE	2.1 TITLE				Change	Addition
NAME			22 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE DELETE			3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			33 STREET	ADDRESS				
CITY-ST-ZIP			3 4. CITY-	ST - ZIP				
TITLE		DELETE	4.1 TITLE	i			Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 S1RFF1	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	ST - ZIP				
TITLE		☐ DELETE	51 TITLE				Change	Addition
NAME			5.2 NAME	-				
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST - 71P				· • · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	61 TITLE				Change	Addition
NAME			6 2 NAME					
STREET ADDRESS			6 3 STRÉET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	31 - 7IP				

I do 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.