

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90041 008 ***150.00

DOCUMENT # V36089

1. Corporation Name

CHASLAUR CONSOLIDATED ENTERPRISES, INC.

Principal Place of Business

25 OLD MISSION AVE
ST. AUGUSTINE FL 32084
US

Mailing Address

P.O. BOX 4077
ST. AUGUSTINE FL 32085
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1992

4. FEI Number

59-3121335

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

2. Principal Place of Business

21 77 ALMERIA ST.

2a. Mailing Address

26 PO BOX 4050

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. AUGUSTINE, FL

City & State

28 ST. AUGUSTINE, FL

Zip

Country

24 32084 25 USA

Zip

Country

29 32085 30 USA

9. Name and Address of Current Registered Agent

HALL, CHARLES E.
25 OLD MISSION AVE
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

CHARLES E. HALL

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

77 ALMERIA STREET

83

84 City

ST. AUGUSTINE FL

85 Zip Code

32084

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

2/14/99

12. OFFICERS AND DIRECTORS

TITLE SVP ☐ DELETE

NAME HALL, LAURELLE A

STREET ADDRESS 3770 LAUREL ST

CITY-ST-ZIP ST AUGUSTINE FL

TITLE PT ☐ DELETE

NAME HALL, CHARLES

STREET ADDRESS 3770 LAUREL ST

CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/99

CR2E034 (1/198)