

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V45490** (2)

1. Corporation Name

TABER CHADWICK INC.



Principal Place of Business

**629 CORTEZ RD. W.
BRADENTON FL 34207
US**

Mailing Address

**629 CORTEZ RD. WEST
BRADENTON FL 34207
US**

3. Date Incorporated or Qualified

06/23/1992

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 **1333 North Washington Blvd**

26 **1333 N. Washington Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **"A"**

27 **"A"**

City & State

City & State

23 **Sarasota, Florida**

28 **Sarasota, Florida**

Zip

Country

Zip

Country

24 **34236**

25

29 **34236**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHADWICK, TABER
629 CORTEZ ROAD, W.
BRADENTON FL 34207**

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

Taber Chadwick, president

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

FEB. 21, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	CHADWICK, TABER	
STREET ADDRESS	629 CORTEZ RD., W.	
CITY-ST-ZIP	BRADENTON 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		

1 TITLE	☐ Change ☒ Addition
12 NAME	John William Pendlebury
13 STREET ADDRESS	1333A. North Washington Blvd.
14 CITY-ST-ZIP	Sarasota, Florida. 34236
2 TITLE	☒ Change ☐ Addition
22 NAME	Taber Chadwick
23 STREET ADDRESS	1333A. N. Washington Blvd.
24 CITY-ST-ZIP	Sarasota, Florida. 34236
3 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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.

SIGNATURE: *Taber Chadwick* / **TABER CHADWICK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 21, 1996 (953-2274)

DATE

Daytime Phone #

CR2E034 (12/95)