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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

TABER CHADWICK INC.

FILED
Apr 20 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address				1 JOSE MILBIT BIRDT BIRIT BIBID (BILL) ABIT BIBIT	idit arest einis atell bilte innt
1333 N WASHINGTON BLVD SUTIE A		1333 N WASHINGTIN BL	.VD	1	
		SUITE A SARASTOA FL 34236		DO NOT WRITE IN THIS SPACE	
SARASOTA FL 34236 US		US		3. Date Incorporated or Qualified	
1		•		06/23/1992	
2. Principal Pi	lace of Business	28. Mailing Address		4. FEI Number	Applied For
21		26		65-0342487	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	<del>9</del>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country		Country	8. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur		1731	10. Name and Address of New Registers	
СН	ADWICK, TABER		B1 Name	DOED CHAPUT	TCK
	CORTEZ ROAD, W.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34207			า เราน้ามี	inaling points by	e_
]			83		
			84 City		85 Zip Code
			Sau		L 34234
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the purpose	of changing its registered
agent. I a	m familiar with, and accept the of	ligations of Section 607.0505, F	orida Statutes.	tion's board of directors. I hereby accept the a	
SIGNATURE	Taler J. Cha	devick 10285.		4-4	9-98
ļ	Signature, typod or stylled name of registered	agent and title if applicable (NO	If: Registered Agent signature requ	ired when reinstating) DATE	
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	D CHARMON TARES		1.1 TITLE		C Charige C Addition
<b>!</b> )	CHADWICK, TABER	II I I	1.2 NAME		
STREET ADDRESS	1333 A N WASHINGTON E SARASOTA FL	LVU	1.3 STREET ADDRESS		
CITY-ST-ZIP	V	DELETE	1.4 CITY - ST - ZIP 2.1 TIJLE		Change Addition
NAME	PENDLEBERRY, JOHN WIL		2.2 N ME		ondigo requiren
STREET ADDRESS	1333 A N WASHINGTON E		2.3 S REET ADDRESS		
CITY-ST-ZIP	SARASTOA FL		2. 4 O IY-ST-ZIP	**)	
TITLE	- WINDION ON IL	DELETE	3.1 TH LE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
.TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CFTY-ST-ZIP		···· <u></u> ·	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME (			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filling 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.

4-9-98 941-952-0331