

# 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 # V60502**

**(4)**

1. Corporation Name

**TERESA A. CHAPPELL, C.P.A., P.A.**



Principal Place of Business

**6950 CENTRAL AVENUE  
110  
ST. PETERSBURG FL 33707  
US**

Mailing Address

**6950 CENTRAL AVENUE  
110  
ST. PETERSBURG FL 33707  
US**

3. Date Incorporated or Qualified  
**08/27/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
**21 10128 Yacht Club Drive**

2a. Mailing Address  
**26 10128 Yacht Club Drive**

4. FET Number  
**59-3140162**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State  
**23 Treasure Island FL**

27 City & State  
**28 Treasure Island FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**24 33706**

**25 Pinellas**

**29 33706**

**30 Pinellas**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPPELL, CHARLES D  
6950 CENTRAL AVENUE #110  
ST PETERSBURG FL 33707**

81 Name

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

**10128 Yacht Club Drive**

83

84 City

**Treasure Island**

**FL**

85 Zip Code

**33706**

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 the corporation

(If the Registered Agent's signature is required when filing, sign here)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DP CHAPPELL, TERESA A.**  
STREET ADDRESS **6950 CENTRAL AVENUE #110**  
CITY-ST-ZIP **ST. PETERSBURG 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

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 **DP Chappell, Teresa A**  
1.3 STREET ADDRESS **10128 Yacht Club Drive**  
1.4 CITY-ST-ZIP **Treasure Island FL 33706**

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 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: **Teresa A. Chappell** **Teresa A. Chappell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96** **(813) 345-8511**  
DATE DAYTIME PHONE #

CR2E034 (12/95)