

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          | <b>D</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>CHADWICK, TABER</b>    |                                 |
| STREET ADDRESS | <b>629 CORTEZ RD., W.</b> |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>       |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                   |  |
|-------------------|--|
| 1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | <b>John William Pendlebury</b>   |
| 13 STREET ADDRESS | <b>1333A North Washington Blvd.</b>  |
| 14 CITY-ST-ZIP    | <b>Sarasota, Florida, 34236</b>  |
| 2 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           | <b>Taber Chadwick</b>  |
| 23 STREET ADDRESS | <b>1333A N. Washington Blvd.</b>   |
| 24 CITY-ST-ZIP    | <b>Sarasota, Florida, 34236</b>  |
| 3 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 4 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 6 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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** **FEB. 21, 1996** (953-2274)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)