

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L45422 (7)

1. Corporation Name
CHIPPEWA CORPORATION



Principal Place of Business 312 BURBANK LAKELAND FL 33801	Mailing Address 312 BURBANK LAKELAND FL 33801-2411
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3. Date Incorporated or Qualified 01/22/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2991310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2915 Eichelberger Rd	2a. Mailing Address 26 2915 Eichelberger Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 TAVARES FL	City & State 28 TAVARES FL
Zip 24 32778	Country 25
29 32778	30

9. Name and Address of Current Registered Agent

HINDLE, JACK
5205 E. FOWLER AVE. #184
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name **KATHLEEN COMER**

82 Street Address (P.O. Box Number is Not Acceptable)
2915 Eichelberger Road

83

84 City **TAVARES** **FL** 85 Zip Code **32778**

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 *Kathleen Comer - Pres.* *Kathleen Comer* **4-30-97**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HINDLE, JACK
STREET ADDRESS	5205 E. FOWLER AVENUE #184
CITY - ST - ZIP	TEMPLE TERRACE FL 33617
TITLE	P <input type="checkbox"/> DELETE
NAME	COMER, KATHLEEN
STREET ADDRESS	2115 BRUCE ST.
CITY - ST - ZIP	LAKELAND FL 33801
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2915 Eichelberger Road
2.4 CITY - ST - ZIP	TAVARES, FL 32778
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Kathleen Comer* **4/30/97** **813 759 0180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)