

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:19

DOCUMENT # P92000001031 (3)

1. Corporation Name
CHIP SHOT, INC.

Principal Place of Business Mailing Address
1207 S. TEAKWOOD DR. PLANT CITY FL 33567 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/29/1992** 3a. Date of Last Report **07/08/1994**
4. FEI Number **59-3147744** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fees Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 100.030, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**WELCH, ALICE M
6960 30TH AVE N
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81 Name **FRANK L STILES**
82 Street Address (P.O. Box Number is Not Acceptable) **1207 S TEAKWOOD DR**
83
84 City **PLANT CITY** 85 Zip Code **FL 33566**

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 *Frank L Stiles* DATE **6-12-95**

12. OFFICERS AND DIRECTORS
TITLE **PSTD**
NAME **WELCH, ALICE M**
STREET ADDRESS **6960 30TH AVE N**
CITY ST ZIP **ST PETERSBURG FL 33710**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE **PSTD** Change Addition
12 NAME **FRANK L STILES**
13 STREET ADDRESS **1207 S TEAKWOOD DR**
14 CITY ST ZIP **PLANT CITY FL 33566**
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 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 110.07(3)(b), 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: *Frank L Stiles* DATE **6-12-95** **813-759-0759**

CR2E034 (3/95)