

**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 # **P95000030811 (0)**

1. Corporation Name

**CHIPSAWAY OF NORTH FLORIDA, INC.**



Principal Place of Business

Mailing Address

**603 KRISTANNA DRIVE  
PANAMA CITY FL 32405**

**603 KRISTANNA DRIVE  
PANAMA CITY FL 32405**

3. Date incorporated or Qualified

3a. Date of Last Report

**04/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

**593313415**

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

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

**STURMAN, MICHAEL R  
603 KRISTANNA DRIVE  
PANAMA CITY FL 32405**

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 607.1504, 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 type: printed name of the person who signed this report

Name: Registered Agent or authorized officer of the corporation

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D**

DELETE

11 TITLE

Change

Addition

NAME

**STURMAN, MICHAEL R**

12 NAME

STREET ADDRESS

**603 KRISTANNA DRIVE**

13 STREET ADDRESS

CITY- ST- ZIP

**PANAMA CITY FL 32405**

14 CITY- ST- ZIP

TITLE

DELETE

21 TITLE

Change

Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE

DELETE

31 TITLE

Change

Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE

DELETE

41 TITLE

Change

Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE

DELETE

51 TITLE

Change

Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE

DELETE

61 TITLE

Change

Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY- ST- ZIP

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 executor 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 or changed, or on an addition, with an address.

SIGNATURE:

*Michael R. Sturman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

430-96

904-265-1875

CR2E034 (12/95)