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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 302995 (6)			
1. Corporation Name CHIPCO CORPORATION			
Principal Place of Business 350 E ALFRED ST P.O. BOX 1208 LAKE ALFRED FL 33850		Mailing Address 350 E ALFRED ST P.O. BOX 1208 LAKE ALFRED FL 33850-1208	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent KUDER, JOHN D 2000 W LAKE HAMILTON DR WINTER HAVEN FL 33881		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD		1.1 TITLE Director	
NAME KUDER, JACK A		1.2 NAME Kuder, Jack A	
STREET ADDRESS 2000 W LAKE HAMILTON DR		1.3 STREET ADDRESS 2000 W Lake Hamilton Dr	
CITY- ST- ZIP WINTER HAVEN FL 33881		1.4 CITY- ST- ZIP Winter Haven, FL 33881	
TITLE SD		2.1 TITLE	
NAME KUDER, MARY N		2.2 NAME	
STREET ADDRESS 2000 W LAKE HAMILTON DR		2.3 STREET ADDRESS	
CITY- ST- ZIP WINTER HAVEN FL		2.4 CITY- ST- ZIP	
TITLE PTD		3.1 TITLE	
NAME KUDER, JOHN D		3.2 NAME	
STREET ADDRESS 2000 W. LAKE HAMILTON DR.		3.3 STREET ADDRESS	
CITY- ST- ZIP WINTER HAVEN FL 33881		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Kuder

1/7/97

(941) 956-1104

Daytime Phone #

0394348

CR2E034 (9/96)