

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 15 1998 8:00am
Secretary of State

DOCUMENT # 302995 (6)
1. Corporation Name
CHIPCO CORPORATION



Principal Place of Business Mailing Address
350 E ALFRED ST 350 E ALFRED ST
P.O. BOX 1208 P.O. BOX 1208
LAKE ALFRED FL 33850 LAKE ALFRED FL 33850

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1160112	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KUDER, JOHN D 2000 W LAKE HAMILTON DR WINTER HAVEN FL 33881		John D. Kuder Street Address (P.O. Box Number is Not Acceptable) 350 E. Alfred ST. POB 1208 Lake Alfred, FL 33850	

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D.
NAME	KUDER, JACK A	1.2 NAME	Jack A. Kuder
STREET ADDRESS	2000 W LAKE HAMILTON DR	1.3 STREET ADDRESS	350 E. Alfred St. POB 1208
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	Lake Alfred, FL 33850
TITLE	SD	2.1 TITLE	SD
NAME	KUDER, MARY N	2.2 NAME	Mary N. Kuder
STREET ADDRESS	2000 W LAKE HAMILTON DR	2.3 STREET ADDRESS	350 E. Alfred St. POB 1208
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Lake Alfred, FL 33850
TITLE	PTD	3.1 TITLE	PTD
NAME	KUDER, JOHN D	3.2 NAME	John D. Kuder
STREET ADDRESS	2000 W. LAKE HAMILTON DR.	3.3 STREET ADDRESS	350 E. Alfred St. POB 1208
CITY-ST-ZIP	WINTER HAVEN FL 33881	3.4 CITY-ST-ZIP	Lake Alfred, FL 33850
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	

14. I 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.

CR2E034 (10/97)