

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 680673 (1)

1. Corporation Name

CHIPLEY AREA DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

685 7TH STREET  
BOX 457  
CHIPLEY FL 32428  
US

BOX 457  
CHIPLEY FL 32428  
US

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

3. Date Incorporated or Qualified

08/01/1980

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2071910

Applied For

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

REGISTER, STEPHEN B. JR.  
1552 BRICKYARD ROAD  
CHIPLEY FL 32428

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 607.1508, 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 office if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME REGISTER, STEPHEN B. JR.  
STREET ADDRESS 1552 BRICKYARD ROAD  
CITY-ST-ZIP CHIPLEY, FL 00000

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WORLEY, RICHARD  
STREET ADDRESS FALLING WATERS ROAD  
CITY-ST-ZIP CHIPLEY FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GARSWELL, DAVID  
STREET ADDRESS GILBERT DRIVE  
CITY-ST-ZIP CHIPLEY, FL 00000

31 TITLE ☐ Change ☐ Addition  
32 NAME D  
33 STREET ADDRESS O.L. "Ole" Ellis, Jr.  
34 CITY-ST-ZIP 1297 Fairway Drive  
Chipley, FL 32428

TITLE STD ☐ DELETE  
NAME DOUGHTERY, JOHN  
STREET ADDRESS SIXTH ST  
CITY-ST-ZIP CHIPLEY, FL 00000

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME AUKEMA, ART  
STREET ADDRESS 3061 WOODREST RD  
CITY-ST-ZIP CHIPLEY, FL 00000

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME TOWNSEND, LAMAR  
STREET ADDRESS BRICKYARD RD  
CITY-ST-ZIP CHIPLEY, FL 00000

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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John F. Doughtery, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-96

638-7615

CR2E034 (3/96)