

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 680673 (1)

1. Corporation Name
CHIPLEY AREA DEVELOPMENT, INC.



Principal Place of Business 685 7TH STREET BOX 457 CHIPLEY FL 32428 US	Mailing Address BOX 457 CHIPLEY FL 32428 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 08/01/1980	4. FEI Number 59-2071910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	REGISTER, STEPHEN B. JR.	
STREET ADDRESS	1552 BRICKYARD ROAD	
CITY-ST-ZIP	CHIPLEY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WORLEY, RICHARD	
STREET ADDRESS	FALLING WATERS ROAD	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, O. L JR	
STREET ADDRESS	1297 FAIRWAY DR	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOUGHTERY, JOHN	
STREET ADDRESS	SIXTH ST	
CITY-ST-ZIP	CHIPLEY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUKEMA, ART	
STREET ADDRESS	3061 WOODREST RD	
CITY-ST-ZIP	CHIPLEY, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TOWNSEND, LAMAR	
STREET ADDRESS	BRICKYARD RD	
CITY-ST-ZIP	CHIPLEY, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

CP2E034 (10/97)