

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **714711** (9)  
1. Corporation Name  
**WASHINGTON COUNTY CHAMBER OF COMMERCE, INC.**



|                                                                                                   |                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>685 7TH STREET<br/>P.O. BOX 457<br/>CHIPLEY FL 32428<br/>US</b> | Mailing Address<br><b>P.O. BOX 457<br/>CHIPLEY FL 32428<br/>US</b> |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                              |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/04/1968</b>                                                                                                       | Applied For<br>Not Applicable |
| 4. FEI Number<br><b>59-0806232</b>                                                                                                                           |                               |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |                               |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                               |
| 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<br><b>ELLIS, O. L. (JR.)<br/>685 7TH STREET<br/>CHIPLEY, F FL 32428</b> |  |
|-------------------------------------------------------------------------------------------------------------------------|--|

|                                                       |                |
|-------------------------------------------------------|----------------|
| 10. Name and Address of New Registered Agent          |                |
| 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                            |
|----------------------------|--------------------------------------------|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   |
| NAME                       | <b>TOWNSEND, LANAR</b>                     |
| STREET ADDRESS             | <b>BRICKYARD ROAD</b>                      |
| CITY-ST-ZIP                | <b>CHIPLEY FL</b>                          |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>TRAWICK, KEN</b>                        |
| STREET ADDRESS             | <b>HWY 280</b>                             |
| CITY-ST-ZIP                | <b>CHIPLEY FL</b>                          |
| TITLE                      | <b>VPD</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>FOSTER, KATHY</b>                       |
| STREET ADDRESS             | <b>1365 WATFORD CIRCLE</b>                 |
| CITY-ST-ZIP                | <b>CHIPLEY FL</b>                          |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>BEAUCHAMP, BRAD</b>                     |
| STREET ADDRESS             | <b>CHURCH STREET</b>                       |
| CITY-ST-ZIP                | <b>CHIPLEY FL</b>                          |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   |
| NAME                       | <b>CLARK, GARY</b>                         |
| STREET ADDRESS             | <b>NEARING HILLS ROAD</b>                  |
| CITY-ST-ZIP                | <b>CHIPLEY FL</b>                          |
| TITLE                      | <b>PED</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>BIDDLE, BYRON</b>                       |
| STREET ADDRESS             | <b>SPOOL MILL ROD</b>                      |
| CITY-ST-ZIP                | <b>VERNON FL</b>                           |

| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen M. [Signature] Date: April 07, 1998 850638-2053

CR2E037 (10/97)

WASHINGTON COUNTY CHAMBER OF COMMERCE OFFICERS/DIRECTORS - 1998

|                    |       |                          |             |
|--------------------|-------|--------------------------|-------------|
| Byron Biddle       | D     | Spool Mill Road          | Vernon, FL  |
| Kathy Foster       | P/D   | 1365 Watford Circle      | Chipley, FL |
| Cliff Smith        | D     | Industrial Park Road     | Chipley, FL |
| Mal Hilliard       | T/D   | 1096 Hwy. 90             | Chipley, FL |
| Jim Smith          | D     | 2026 Hwy. 77             | Chipley, FL |
| Gary Clark         | *PE/D | Nearing Hills Road       | Chipley, FL |
| Jean Hollingsworth | D     | 846 4th Street           | Chipley, FL |
| Gil Carter         | D     | 635 Hwy. 90              | Chipley, FL |
| Luis Valencia      | D     | 1334 North Railroad Ave. | Chipley, FL |
| Gerald Holley      | D     | 1282 Church Avenue       | Chipley, FL |
| David Solger       | D     | 1135 Orange Hill Road    | Chipley, FL |
| Kim Ellis          | VP/D  | 3172 Orange Hill Road    | Chipley, FL |
| Andrew Fleener     | D     | 224 Highway 273          | Chipley, FL |
| Vincent Andry      | D     | 843 8th Street #1        | Chipley, FL |

\*PE means President-Elect