

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **769561** (2)

1. Corporation Name

CHIPOLA BASIN PROTECTIVE GROUP, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 182
ALTA FL 32421

ROUTE 1, BOX 336
ALTA FL 32421
US



3. Date Incorporated or Qualified

07/26/1983

3a. Date of Last Report

07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Route 1 Box 336 Alta, FL 32421

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERSON, REBECCA JOANN
1300 W CHIPOLA STREET
ALTA FL 32421**

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

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	CD	<input type="checkbox"/> DELETE
NAME	LIMA, JUAN	
STREET ADDRESS	RT 1 BOX 336	
CITY-ST-ZIP	ALTA FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	RYALS, DANIEL	
STREET ADDRESS	RT 1 BOX 238J	
CITY-ST-ZIP	BRISTOL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COX, LESLIE	
STREET ADDRESS	P. O. BOX 377 N/A	
CITY-ST-ZIP	HAYANA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERSON, REBECCA J.	
STREET ADDRESS	1300 W. CHIPOLA STREET	
CITY-ST-ZIP	ALTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELOFSON, ELFRED L.	
STREET ADDRESS	P. O. BOX 215 N/A	
CITY-ST-ZIP	ALTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELOFSON, AUDREY E.	
STREET ADDRESS	P. O. BOX 215 N/A	
CITY-ST-ZIP	ALTA FL	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)