


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | 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 ROUTE 1 BOX 336 ALPHA FL 32421 US | | | Mailing Address ROUTE 1, BOX 336 ALPHA FL 32421 US | | |
| 2. Principal Place of Business 21 Rt. 3 Box 336 Suite, Apt. #, etc. 22 City & State 23 Alpha, FL Zip 24 32421 Country 25 | | 2a. Mailing Address 26 Rt. 3 Box 336 Suite, Apt. #, etc. 27 City & State 28 Alpha, FL Zip 29 32421 Country 30 | | 3. Date Incorporated or Qualified 07/26/1983 4. FEI Number 59-2387412 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 | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 ROBERSON, REBECCA JOANN 1300 W CHIPOLA STREET ALPHA FL 32421 | | | |
| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | | 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 _____ Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | CD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LIMA, JUAN | | 1.2 NAME | | |
| STREET ADDRESS | RT 1 BOX 336 | | 1.3 STREET ADDRESS | Rt. 3 Box 336 | |
| CITY-ST-ZIP | ALPHA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VOD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RYALS, DANIEL | | 2.2 NAME | | |
| STREET ADDRESS | RT 1 BOX 238J | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRISTOL FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COX, LESLIE | | 3.2 NAME | | |
| STREET ADDRESS | P. O. BOX 377 N/A | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HAVANA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROBERSON, REBECCA J. | | 4.2 NAME | | |
| STREET ADDRESS | 1300 W. CHIPOLA STREET | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALPHA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ELOFSON, ELFRED L. | | 5.2 NAME | | |
| STREET ADDRESS | P. O. BOX 215 N/A | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALPHA FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ELOFSON, AUDREY E. | | 6.2 NAME | | |
| STREET ADDRESS | P. O. BOX 215 N/A | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALPHA FL | | 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 7/24/98 (850) 762-3121 Date Daytime Phone # | | |

CR2E037 (5/98)