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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
U. S. CHIPS, INC.

DOCUMENT #
F92000000626 (3)

Mailing Address
ATTN: ANTHONMY M. HAUFF, VICE PRESIDENT
P.O. BOX 352
LOUISVILLE GA 30434

Principal Place of Business
ATTN: ANTHONMY M. HAUFF, VICE PRESIDENT
P.O. BOX 352
LOUISVILLE GA 30434

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1992**
3a. Date of Last Report: **06/18/1993**

2. Mailing Address (21)
2a. Principal Place of Business (26)

4. FEI Number: **58-1851973** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: **$8.75** Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City & State (23)
City & State (28)

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24) Country (25)
Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P/D	
12 NAME	FULGHUM O TJR	
13 STREET ADDRESS	P.O. BOX 352 N/A	
14 CITY-ST-ZIP	LOUISVILLE GA 30434	
21 TITLE	V	
22 NAME	HAUFF ANTHONY M	
23 STREET ADDRESS	P.O. BOX 352 N/A	
24 CITY-ST-ZIP	LOUISVILLE GA 30434	
31 TITLE	S	
32 NAME	KING JUDY A	
33 STREET ADDRESS	P.O. BOX 352 N/A	
34 CITY-ST-ZIP	LOUISVILLE GA 30434	
41 TITLE	D	
42 NAME	WELLS H H	
43 STREET ADDRESS	P.O. BOX 352 N/A	
44 CITY-ST-ZIP	LOUISVILLE GA 30434	
51 TITLE	D	
52 NAME	GLASSBURNER L P	
53 STREET ADDRESS	P.O. BOX 352 N/A	
54 CITY-ST-ZIP	LOUISVILLE GA 30434	
61 TITLE	D	
62 NAME	~~FULGHUM BARBARA A~~	FULGHUM, HOLLY L
63 STREET ADDRESS	P.O. BOX 352 N/A	
64 CITY-ST-ZIP	LOUISVILLE GA 30434	

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)(i), Florida Statutes. I authorize the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations with respect to abandoned property imposed by Chapter 717, Florida Statutes; 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 or 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] ANTHONY M. HAUFF 8/9/94 912-625 9663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #