FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN -9 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G81238

1. Corporation Name
W & R CHIPPING, INC.
RT. 2 BOX 1538
PONCE DE LEON, FL 32455

Principal Place of Business
RT. 2 BOX 1538
PONCE DE LEON, FL 32455

Mailing Address
RT. 2 BOX 1538
PONCE DE LEON, FL 32455

3. Date Incorporated or Qualified: **01/30/1984**

3a. Date of Last Report: **03/15/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2366811** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

WILLIAM A. LEAVINS
RT. 2 BOX 1538
PONCE DE LEON, FL 32455

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, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DP** **WILLIAM A. LEAVINS** **RT. 2 BOX 1538** **PONCE DE LEON, FL 32455**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002225783--3 -06/30/97--01003--007 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DV** **RAYMOND A. LEAVINS** **RT. 2 BOX 1538** **PONCE DE LEON, FL 32455**	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **WILMA L. SCOTT** **P.O. BOX 8** **PONCE DE LEON, FL 32455**	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition **D** **WILMA L. SCOTT** **RT. 1 BOX 269** **PONCE DE LEON, FL 32455**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **RYAN A. LEAVINS** **RT. 2 BOX 1538** **PONCE DE LEON, FL 32455**	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DS** **WANDA LEAVINS BROWN** **RT. 2 BOX 818** **PONCE DE LEON, FL 32455**	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	6/30 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DT** **RUBY C. LEAVINS** **RT. 2 BOX 1538** **PONCE DE LEON, FL 32455**	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: William A. Leavins 6-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date