

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G81238**

1. Corporation Name
W & R CHIPPING, INC.

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

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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90037 049 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	Applied For
01/30/1984	Not Applicable
4. FEI Number	
59-2366811	
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
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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 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		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13.	
TITLE	DP	1.1 TITLE	
NAME	LEAVINS, WILLIAM A	1.2 NAME	
STREET ADDRESS	RT. 2 BOX 1538	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL 32455	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	LEAVINS, RAYMOND A	2.2 NAME	
STREET ADDRESS	RT. 2 BOX 1538	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL 32455	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SCOTT, WILMA L	3.2 NAME	
STREET ADDRESS	RT. 1 BOX 269	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL 32455	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LEAVINS, RYAN A	4.2 NAME	
STREET ADDRESS	RT. 2 BOX 1538	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL 32455	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	
NAME	BROWN, WANDA LEAVINS	5.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 818	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL 32455	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	
NAME	LEAVINS, RUBY C	6.2 NAME	
STREET ADDRESS	RT. 2 BOX 1538	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL 32455	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond A. Leavins Raymond A. Leavins

12-31-98 (850) 836-4194
Date Daytime Phone #

CR2E034 (1/198)