FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:57

DOCUMENT # **J23523** **(0)**

1. Corporation Name
CHIP AND DALES, INC.

Principal Place of Business	Mailing Address
% FREDERICK C. KRAMER 30 HARDEE ST., P.O. BOX 640 LABELLE FL 33935	C/O ROWLEE, WAYNE E. 30 HARDEE ST., P.O. BOX 640 LABELLE FL 33935 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1986
3a. Date of Last Report: 06/08/1994

2. Principal Place of Business
21: Hwy 80 + Lee ST.
22 Suite, Apt. #, etc: P.O. Box 816
23 City & State: LA BELLE, FL
24 Zip: 33935
25 Country:

2a. Mailing Address
26: P.O. Box 816
27 Suite, Apt. #, etc:
28 City & State: LA BELLE, FL
29 Zip: 33935
30 Country:

4. FEI Number: 59-2902317 ☐ 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

ROWLEE, WAYNE, E
30 HARDEE ST
P.O. BOX 640
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name: B. JOAN HARRISON
82 Street Address (P.O. Box Number is Not Acceptable): HWY 80 + Lee Street
83: P.O. Box 816
84 City: LA BELLE **FL** 85 Zip Code: 33935

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: B. Joan Harrison — B. JOAN HARRISON, PRESIDENT — 6-10-95
(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	VSTD	11 TITLE	PVST ☒ Change ☐ Addition
NAME	HARRISON, DALE K.	12 NAME	B. JOAN HARRISON
STREET ADDRESS	13620 BRYNWOOD LANE SE	13 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL 33912	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: B. Joan Harrison — B. JOAN HARRISON — 6-10-95 — 941-675-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0451657 FP