

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J23523 (0)

1. Corporation Name

CHIP AND DALES, INC.



Principal Place of Business

Mailing Address

HWY 80 + LEE ST  
P.O. BOX 816  
LABELLE FL 33935  
US

P.O. BOX 816  
30 HARDEE ST., P.O. BOX 640  
LABELLE FL 33935  
US

2. Principal Place of Business

2a. Mailing Address

21 13620 BRYNWOOD LN SE

26 13620 BRYNWOOD LN SE

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 FT. MYERS, FL

28 FT. MYERS, FL

Zip Country

Zip Country

24 33912

25 LEE

29 33912

30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, JOAN B  
HWY 80 + LEE ST  
P.O. BOX 816  
LABELLE FL 33935

81 Name B. JOAN HARRISON

82 Street Address (P.O. Box Number is Not Acceptable)  
13620 BRYNWOOD LN SE

83

84 City FT. MYERS

FL 85 Zip Code 33912

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 PVST

7-1-96

Signature of agent or officer of corporation (if applicable)

(If "OFF" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST  
NAME HARRISON, JOAN B  
STREET ADDRESS 13620 BRYNWOOD LANE SE  
CITY-ST-ZIP FT. MYERS FL

11 TITLE  
12 NAME B. JOAN  
13 STREET ADDRESS  
14 CITY-ST-ZIP 33912

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(k), 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

B. Joan Harrison B. JOAN HARRISON

7-1-96

941-481-6110

Date

Daytime Phone #

CR2E034 (3/96)