FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K82742** **(3)**

1. Corporate Name

CHIPFREE CORPORATION

Principal Place of Business

2598 PACES FERRY RD., N.
ORANGE PARK FL 32073

Mailing Address

2598 PACES FERRY RD., N.
ORANGE PARK FL 32073

3. Date Incorporated or Qualified: **04/24/1989**

3a. Date of Last Report: **03/14/1995**

4. FEI Number: **59-2943758** ☐ 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

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

9. Name and Address of Current Registered Agent

MATCHETTE, JAMES C.
2598 PACES FERRY RD. N.
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: O'Brian, James C.
82 Street Address (P.O. Box Number is Not Acceptable)
83 Same Add.
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1502 and 607.1506, 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. The above-named entity is 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: James C. O'Brian 4/15/96
(Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS ☒ DELETE

TITLE D
NAME MATCHETTE, JAMES C.
STREET ADDRESS 2598 PACES FERRY RD., N.
CITY-ST-ZIP ORANGE PARK FL

TITLE D
NAME MATCHETTE, ALICE L.
STREET ADDRESS 2598 PACES FERRY RD., N.
CITY-ST-ZIP ORANGE PARK FL

TITLE O'
NAME O'Brion James C.
STREET ADDRESS 2598 Paces Ferry Rd N
CITY-ST-ZIP O.P. FL. 32073

TITLE
NAME O'Brion Alice L.
STREET ADDRESS 2598 Paces Ferry Rd N
CITY-ST-ZIP O.P. FL. 32073

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
11 TITLE D
12 NAME O'BRIAN, James C.
13 STREET ADDRESS Same Add.
14 CITY-ST-ZIP

☒ Change ☐ Addition
21 TITLE D
22 NAME O'Brian, Alice L.
23 STREET ADDRESS Same Add.
24 CITY-ST-ZIP

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

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

700001 FEE:
-04/18/96--01110--025
***200.00

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

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

JV 4.18

14. I do hereby certify that the information supplied with this filing is true, correct 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: James C. O'Brian Pres 4/3/96 9047274494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)