

**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 # M92427 (7)
1. Corporation Name

CHIPS EXPRESS, INC.



Principal Place of Business: P.O. BOX 816 BRISTOL FL 32321
Mailing Address: P.O. BOX 816 BRISTOL FL 32321

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		08/03/1988	05/01/1995
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2905045	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVIS, LARRY JOE CLAY STREET BRISTOL FL 32321				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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTS	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LARRY JOE		12 NAME				
STREET ADDRESS	CLAY STREET		13 STREET ADDRESS				
CITY-ST-ZIP	BRISTOL FL 32321		14 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input checked="" type="checkbox"/> DELETE	21 TITLE				
NAME	LAMB, DAVID		22 NAME				
STREET ADDRESS	HIGHWAY 715		23 STREET ADDRESS				
CITY-ST-ZIP	BLOUNSTOWN FL 32424		24 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input checked="" type="checkbox"/> DELETE	31 TITLE				
NAME	BROWN, BILL		32 NAME				
STREET ADDRESS	1ST STREET		33 STREET ADDRESS				
CITY-ST-ZIP	BRISTOL FL 32321		34 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input checked="" type="checkbox"/> DELETE	41 TITLE				
NAME	RODGER, WAYNE		42 NAME				
STREET ADDRESS	RIVERROAD		43 STREET ADDRESS				
CITY-ST-ZIP	BRISTOL FL 32321		44 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	51 TITLE				
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	61 TITLE				
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: *Larry Joe Davis* 6/19/96 904/639/3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)