

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002476 -

1. Corporation Name

THE CHIMP FARM, INC

FILED

May 01, 1996 08:00 AM

Secretary of State

Principal Place of Business Mailing Address
4612 Alternate Highway 19 S. P.O. Box 727
Tarpon Springs, Fl. 34689 Ozone, Fl. 34660-0727

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4612 Alternate Hwy 19S		26 P.O. Box 727		05/24/95		First	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3318127		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Tarpon Springs, Fl		28 OZONA FL		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing		Trust Fund Contribution	
24 34689		25 Pinellas		29 34660-0727		30 Pinellas	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

Martin, James A. Jr.
MacFarlane Ausley Ferguson & McMullen
400 Cleveland Street
Clearwater, Fl. 34615

81 Name Deborah D. Fletcher
82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 396
83 4612 ALT. Hwy. 19 S.
84 City Tarpon Springs FL 85 Zip Code 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noell, Robert E., Sr.	12 NAME	
STREET ADDRESS	P.O. Box 727 N/A	13 STREET ADDRESS	300 BAY ST
CITY-ST-ZIP	Ozone, Fl. 34660-0727	14 CITY-ST-ZIP	OZONA FL 34660
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deddo, Velda M	22 NAME	Scott, Dr. David Lawrence
STREET ADDRESS	P.O. Box 368 N/A	23 STREET ADDRESS	1808 Florida Ave.
CITY-ST-ZIP	Tarpon Springs, Fl. 34689	24 CITY-ST-ZIP	Palm Harbor, Fl. 34683-4700
TITLE	<input type="checkbox"/> DELETE	31 TITLE	
NAME	Fletcher, Deborah A. R	32 NAME	
STREET ADDRESS	P.O. Box 2963 N/A	33 STREET ADDRESS	5988 GREENACRES
CITY-ST-ZIP	Homasasa Springs, Fl. 32647	34 CITY-ST-ZIP	HOMASASA SPRINGS FL 32647
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	300001888799 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	-07/10/96--01008--041
STREET ADDRESS		53 STREET ADDRESS	***61.25
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
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)(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:

Deborah D. Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

Date

813-937-8683

CR2E037 (12/95)