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

APPROVED AND FILED

95 MAY -1 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29807** **(5)**

1. Corporation Name

CHIRP INC., "CHIROPRACTIC EQUIPMENT SALES"

Principal Place of Business	Mailing Address
195 S. WESTMONTE DRIVE "L" ALTAMONTE SPRINGS FL 32714-4266 US	195 S. WESTMONTE DRIVE "L" ALTAMONTE SPRINGS FL 32714-4266 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/19/1990**
3a. Date of Last Report: **07/14/1994**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **25-1283709** ☐ 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

CULIG, ROBERT J.
195 S. WESTMONTE DRIVE, SUITE "L"
WESTMONTE PLAZA
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____
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	D	11 TITLE		☐ Change ☐ Addition
NAME	PIERCE, WALTER V., JR.	12 NAME		
STREET ADDRESS	119 PLANTATION DR.	13 STREET ADDRESS		
CITY-ST-ZIP	HENDERSONVILLE NC	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	LANCASTER, VICKI	22 NAME		
STREET ADDRESS	696 FOSTER RD.	23 STREET ADDRESS		
CITY-ST-ZIP	INMAN SC	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	CULIG, ROBERT J.	32 NAME		
STREET ADDRESS	754 ALPINE STREET E	33 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP		
TITLE	VPD	41 TITLE		☐ Change ☐ Addition
NAME	LANCASTER, RONALD	42 NAME		
STREET ADDRESS	696 FOSTER RD.	43 STREET ADDRESS		
CITY-ST-ZIP	INMAN SC	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	STIVER, JOHN A.	52 NAME		
STREET ADDRESS	710 OLD CLAIRTON RD	53 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURG PA	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 changed, or on an attachment with an address.

SIGNATURE: _____ 4-28-95 412 653-3857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000481 CP