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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002874

CHIPLEY DEVELOPMENT COMPANY, INC.

Principal Place of Business Mailing Address					
325 ALFORD ROAD 325 ALFORD ROAD					
COTTONDALE FL 32431 COTTONDALE FL 32431					TO MET WITTE WITTE OF ACT
US US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 11/09/1992
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-3013687 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	l		Personal Property Tax.
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent
CAD	DOLL STEADMAN		81	Name	
CARROLL, STEADMAN 325 ALFORD ROAD			82	Street Add	Iress (P.O. Box Number is Not Acceptable)
COTTONDALE FL 32431			83		
601	TOMBALL I E 02431		03		
			84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	orizea ov	the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE		ANOTE: Per	intered Ass.	et signatura requir	ed when reinstating) DATE
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	it signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPV	☐ DELETE	1.1 TITLE	7	☐ Change ☐ Addition
NAME	NAPIER, JIMMY D		1.2 NAME		
STREET ADDRESS	RT. 5 DOGWOOD LANE		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	•	1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARROLL, STEADMAN	i	2.2 NAME	İ	
STREET ADDRESS	325 ALFORD ROAD			FADDRESS	
CITY-ST-ZIP			2. 4 CITY-5	1	
TITLE	COTTONDILE TE CE IO	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADORESS (
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE	1	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADORESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	1	
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP	}		6.4 CITY-S	T-ZIP	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP