

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000040046 (3)**

1. Corporation Name
CHIPOLA REALTY, INC.



Principal Place of Business

**4299 LAFAYETTE ST
MARIANNA FL 32446**

Mailing Address

**4299 LAFAYETTE ST
MARIANNA FL 32446**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**RILEY, CAROLYN J
3870 HWY 90
MARIANNA FL 32446**

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 602.002 and 602.003, 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 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, Sections 602.002, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: **PVST** DELETE
NAME: **RILEY, CAROLYN JOYCE**
STREET ADDRESS: **3870 HWY 90**
CITY-STATE-ZIP: **MARIANNA FL 32446**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: DELETE
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition

12 NAME:

13 STREET ADDRESS:

14 CITY-STATE-ZIP: Change Addition

21 TITLE: Change Addition

22 NAME:

23 STREET ADDRESS:

24 CITY-STATE-ZIP: Change Addition

25 TITLE: Change Addition

26 NAME:

27 STREET ADDRESS:

28 CITY-STATE-ZIP: Change Addition

29 TITLE: Change Addition

30 NAME:

31 STREET ADDRESS:

32 CITY-STATE-ZIP: Change Addition

33 TITLE: Change Addition

34 NAME:

35 STREET ADDRESS:

36 CITY-STATE-ZIP: Change Addition

37 TITLE: Change Addition

38 NAME:

39 STREET ADDRESS:

40 CITY-STATE-ZIP:

**000001760450
-03/28/96--01023--004
***200.00**

14. I do hereby certify that the information supplied in 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 602, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *Carolyn Joyce Riley* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 904-482-7788
DATE TIME

CR2E034 (12/95)

ASB
3-27-96