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

CORPORATION **ANNUAL REPORT** 



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

1996

DOCUMENT # Corporation Name

P93000075457 (0)

CHADLIE WADDEN DIDDIN INC

UNAN	LIE WARNEN PIPPIN, INC	•								
Principal Place	of Business	Mailing Address				I LOBENIARI IKA NDINO NILIK ODINI GOL	i <b>do</b> ni <b>f</b> ini i		. 04001 OTALI 1201 1901	İ
253 Eastpo Spring Hil	DINT COURT L FL 34606	253 EASTPOINT SPRING HILL FL								
						3. Date Incorporated or Qualified 10/22/1993		e o! Las <b>)3/02/</b>	st Report 1 <b>1995</b>	
	ace of Business	2a. Mailing Address	3			4. FEI Number	1	<u> </u>	Applied For	_
21		26				59-3215883			Not Applicable	e
Suite, Apt. #, etc.		Suite, Apt #, et	<del></del>			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		Oity & State				Election Campaign Financing Trust Fund Contribution			.00 May Be	
Zip Country		Zip	Count	ntry		8. This corporation has liability for	ntangible ta	ax unde	rs 199.032,	_
24	[25]	29	30			Florida Statutes 🔼 Yes				
	9. Name and Address of Curre	ent Registered Agent		-1		10. Name and Address of New F	egistered	Agent		
DIDON	OLIABARE IN		18	1	Name					
	CHARLIE W		8	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
	STPOINT COURT		8	_	··					
SPRING	6 HILL FL 34606		l <sup>e</sup>	١,						
			8	4	City			85	Zip Code	
11. Pursuant t	a the provisions of Sections 607.050	12 and 607 1509 Florida S	Statutes, the above	L		ation submits this statement for the pur	FL		•	
				po poq	amed corpora bration's board	ation submits this statement for the pur d of directors. Thereby accept the appo	pose of cha pintment as	anging it register	ts registered offic red agent. I am	Э
ranima vin	th, and accept the obligations of, Sec	otkon 607.0505, Florida Stal	tutes.			, , , , , , , , , , , , , , , , , , , ,		- 5		
SIGNATURE _	Sky at irre typest or printed name of roge tereo age	vitaryttii itaa riirany	(MOTE Reputered Ag	4	Control Control	or the second se				
12.		NO DIRECTORS	13.		2-3 record residences	ADDITIONS/CHANGES TO OFF	OATE CERS AND	DIREC	TODS IN 12	_
TITLE	PST	☐ DELETE		 E		7.000,000 0,1110,0010 0,111		Chang		_
NAME	PIPPIN, CHARLIE W	1.2 NA					_			
STREET ADDRESS	253 EASTPOINT COURT		1.3 STHE	ET A	ADDRESS					
CITY - ST - ZIP	SPRING HILL FL 34606		1.4 C(TY)	- ST	f - 21P					
TITLE		DELE 16	2 1 TITLE				]	] Chang	ge 🔲 Addition	_
NAME			2.2 NAM6							
STREET ADDRESS			2.3 STREE	F1.A	ADDRESS					
CITY-ST-ZIP			2.4 CITY -	ŞT.	- 7iP					
TITLE		DELETE	3 1 TI1LE				Ē	Chang	ge 🔲 Addition	_
NAME			3.2 NAME							
STREET ADDRESS			33 STRE	ET A	ADDRESS					
CITY-ST-ZIP			3 4 CITY -	51	· ZIP					
TITLE		DELETE	4 1 111LE					Chang	e 🔲 Addition	
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREC	TA	ADDRESS					
CITY-ST-ZIF	 		4.4 CHTY	ST-	- ZIP					
TITLE		Deserte	5 1 TITLE				Ĺ	Change	e 🔲 Addition	_
NAME			5.2 NAME							
STREET ADDRESS			53 STREE	ΪA	ADDRESS					
CITY-ST-ZIP			5 4 CITY	ST-	- ZIP					
THTLE		DELETE	€ 1 TITLE					Change	e 🔲 Addition	_
NAME			6.2 NAME							
STREET ADDRESS			6 3 STREE	ΤA	ADORESS					
CITY - ST - ZIP			6.4 CITY	st-	- ZIP					

14. If othereby certify that the information supplied with this filling 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 cath; 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 13 if changed, or on an at adminish with an address. SIGNATURE: What was an and typed of printed NAME OF SIGNING OFFICER OR DIRECTOR W. P. PPIN 3/8/96 352-483-2222