## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000075457 (0)

CHARLIE WARREN PIPPIN, INC.

**FILED** Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									- 1 10051007 110 10100 11111 00111 00111 00111 10111 10011 10111 10111	AIDAI OII			
253 EASTPOINT COURT 253 EASTPOINT COURT SPRING HILL FL 34606										DO NOT WRITE IN THIS SPACE			
										3. Date Incorporated or Qualified			
A Distriction D	N									10/22/1993			
2. Principal P	Tace of Busil		2a. Mailing Address						4. FEI Number	$\overline{}$	oplied For		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						59-3215883		ot Applicable	
22		27						Certificate of Status Desired	Fee Re	Additional equired			
City & State				City & State								May Be to Fees	
Zip	ip Country				Zip Cou			/		8. This corporation owes or has paid the current			
24	25				30					Personal Property Tax due June 30. 🗵 Yes 🗌 No			
9, Name and Address of Current Registered Agent								T Man		10. Name and Address of New Registered Agent			
	PIN, CHAR		_				81	Nem	ю			,	
253 EASTPOINT COURT SPRING HILL FL 34606								Stre	et Addre	dress (P.O. Box Number is Not Acceptable)			
							83						
]							84	City		FL <sup>85</sup>	Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's										oration submits this statement for the purpose of cha	nging It	ts registered	
1	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 little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												<u> </u>	
12.					ID DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOF	RS IN 12	
TITLE	PST				☐ DELETE	•	1.1 TITLE				Change	☐ Addition	
NAME		CHARLE				•	1.2 NAME					1	
STREET ADDRESS		STPOINT (					1.3 STREET	ADDRES	s				
CITY-ST-ZIP	SPAING	HILL FL	34606		D bruere		1.4 CITY-8	ST-ZIP				1 4 4 1111	
TITLE					☐ DELETE		2.1 TITLE			LJ (	Change	Addition	
NAME APPACE ADDRESS							2.2 NAME						
STREET ADDRESS							2.3 STREET		S		-		
CITY-ST-ZIP					☐ DELETE		2. 4 CITY - : 3.1 TITLE	ST-ZIP			Change	Addition	
NAME					□ pecrit					ш	) Kali <b>Ş</b> iç	Addition	
STREET ADDRESS							3.2 NAME 3.3 STREET	AUUUUU	.			_ ]	
CITY-ST-ZIP							3.4. CITY-1		°				
TITLE				<b>-</b> ·	DELETE	_	4.1 TITLE	31-ZIF	+	П	Change	Addition	
NAME					_	1	4. 2 NAME						
STREET ADDRESS							4.3 STREET		.				
CITY-ST-ZW							4.4 CITY-S		<b>"  </b>				
TITLE		<del></del>			DELETE		5.1 TITLE	PI - ZIF	<del> </del>		Change	Addition	
HAME							5.2 NAME		-		•		
STREET ADDRESS						- 6	5.3 STREET	ADDRES	s			1	
CITY-ST-ZIP							5.4 CITY - S					~	
TITLE					DELETE		5.1 TITLE		1		Change	Addition	
NAME						- 1	5.2 NAME			· · · · · · · · · · · · · · · · · · ·	•	/	
STREET ADDRESS							3 STREET	ADDRES	s				
CITY-ST-ZIP							6.4 CITY-S					j	

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.