SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $270)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:58

DOCUMENT # **P94000019533 (6)**

1. Corporation Name
CHIPHILL, INC.

Principal Place of Business	Mailing Address
7151 FRONT BEACH ROAD **STE. 264** **PANAMA CITY BEACH FL 32408**	**7151 FRONT BEACH ROAD** **STE. 264** **PANAMA CITY BEACH FL 32408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/09/1994**
3a. Date of Last Report:
4. FEI Number: **59-3229291** ☐ 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

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

9. Name and Address of Current Registered Agent

HESS, GLENN L
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32408

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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	CHIPMAN, IVIS M	12 NAME	DAVID W HILL
STREET ADDRESS	POST OFFICE BOX 27910	13 STREET ADDRESS	P.O. BOX 27375
CITY ST ZIP	PANAMA CITY BEACH FL 32411	14 CITY ST ZIP	PANAMA CITY BEACH, FL 32411
TITLE	D	21 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	HILL, JANICE D	22 NAME	JERRY CHIPMAN
STREET ADDRESS	POST OFFICE BOX 27375	23 STREET ADDRESS	P.O. BOX 27910
CITY ST ZIP	PANAMA CITY BEACH FL 32411	24 CITY ST ZIP	PANAMA CITY BEACH, FL 32411
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Jerry Chipman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

012A001 FF