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

Mailing Address

506 45TH STREET

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000053816 (2)**

VICTORY CHIPLEY, INC.

Principal Place of Busine's

506 45TH STREET

SUITE B-5 COLUMBUS GA	A 31904	SUITE B-5 COLUMBUS GA 31904-6451					
	. • • •				3. Date incorporated or Qualified 07/21/1994	3a. Date of Last R 05/01/1996	eport
2. Proopal P.	asise of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			58-2129192		ot Applicable
Sense Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be		
23		28	T 6		Trust Fund Contribution		to Fees
Ζφ - 11	Country 1121	Zip	Count	iry	8. This corporation has liability for	intangible tax under s Yes No	. 199.032,
24	25   29   30   9, Name and Address of Current Registered Agent			Florida Statutes LJ Yes LJ No  10. Name and Address of New Registered Agent			
CT	CORPORATION SYSTEM		8	1 Name		<u> </u>	
	SOUTH PINE ISLAND ROAD	•	82 Street Add		Address /D.O. Davidhardar in Nat Assaults	h la)	
	NTATION FL 33324				Address (P.O. Box Number is Not Accepta	Die)	
			8	3			
			5	4 City		<b>85</b> Zip	Code
				City		FL S	Code
office or r	eg stored agent, or both, in the Stale c m fam-liar with, and accept the obligat	of Florida, Such change was nons of, Section 607.0505, F	authorized Iorida Statu	by the corp tes.	corporation submits this statement for the poration's board of directors. I hereby acce	ept the appointment as	s registered registered
	beginner type the probabilisher of registered agricles		······	Agent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	20 INI 12
12.	OFFICERS AND	DELETE	13. 1,1 TiTL		ADDITIONS/CHANGES TO OFFI	Change	Addition
NAME	FEIGHNER, JAMES W JR.	C. Detecte	1.2 NAM				
STREET ADDRESS	506 45TH STREET, SUITE B-5		1	FET ADDRESS			
CHY SI ZP	COLUMBUS GA 31904			-ST-ZIP			
Blut	D	DELETE	2 1 71TL			Change	Addition
NAME	COST, KENT		2 2 NAN	IE			
STREET ATTORESS	506 45TH STREET, SUITE B-5		23 STR	EET ADDRESS		2.50	
011Y - \$3 - 71P	COLUMBUS GA 31904		2 4 CiT	Y-ST-ZIP			
1011	D	DELETE	3 1 THTL	E		Change	Addition
NAME	DARBY, CATHY C		32 NAN	IE			
STHEET ADDRESS	506 45TH STREET, SUITE B-5		3.3 STR	EET ADDRESS			
CDY 51-70	COLUMBUS GA 31904		3.4. CiT	Y-ST-ZIP			
111.1		☐ DELETE	4.1 TITU	£		L Change	Addition
N/M:			4 2 NAI	-			
STREET ADDRESS			4.3 STR	EET ADDRESS			
Cor St 76		T DELETE		r-ST-ZIP		Change	Addition
TIRE		[] DELETE	5.1 TITL			L Change	MORIOII
NAME Experience of the			5.2 NAM				
SPREE ADJUSTED				EET ADDRESS			
_615_51_75		DELETE	5.4 CITY 6.1 TITL	(-ST-ZIP F		Change	Addition
NAME		La Decert	6.2 NAN			hand a ranky	
STREET ACTIVITIES				EET ADDRESS			
C65 S 7/P				7-\$1-ZIP			
14. Lab here	L by certify that the information supplied	with this filing does not qua	lity for the e	xemption s	stated in Section 119.07(3)(i), Florida Statut	es. I further certify that	the
Lam as c	or indicated on this armual report or so theor or director of the porporation of in Block 12 or Biock 13 if changed or	the <b>Pro</b> civer or trustee empo	wered to ex	ccurate and ecute this	d that my signature shall have the same leg report as required by Chapter 607, Florida	pal effect as if made un Statutes; and that my	ider oath; that name
SIGNAT	TURE:	PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTO	///	AR 5 1997 3.	27 4774 Dayline Phone #	<i>!</i>