

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074962 (9)

1. Corporation Name

BLUE CHIP MANUFACTURING, INC.

Principal Place of Business

Mailing Address

~~595 NORTH 1ST ST.~~
LAKE WALES FL 33853

595 NORTH 1ST ST.
LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3284057

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

21 590 NORTH FIRST ST

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Lake Wales FL

28 City & State

Lake Wales FL

24 Zip

33853

Country

29 Zip

33853

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CORPORATION INFORMATION SERVICES INC.~~
~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

81 Name

Adrienne Swannick

82 Street Address (P.O. Box Number is Not Acceptable)

7527 FLAME FLOWER LANE

83

84 City Lake Wales

FL

85 Zip Code 33853

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

[Signature]

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PRESIDENT - C	☐ Change ☒ Addition
1.2 NAME	LAMAR BATSON	
1.3 STREET ADDRESS	590 N. FIRST ST	
1.4 CITY-ST-ZIP	LAKE WALES FL 33853	
2.1 TITLE	VP - D	☐ Change ☒ Addition
2.2 NAME	KENNETH SWANNICK	
2.3 STREET ADDRESS	590 N FIRST ST	
2.4 CITY-ST-ZIP	LAKE WALES FL 33853	
3.1 TITLE	S-T-D	☐ Change ☒ Addition
3.2 NAME	ADRIENNE SWANNICK	
3.3 STREET ADDRESS	7527 FLAME FLOWER LANE	
3.4 CITY-ST-ZIP	LAKE WALES FL 33853	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), Florida Statutes. I further certify that the information indicated on this 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 authorized 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

3/22/95

813-6783603