

• **SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

• **PROFIT**
CORPORATION
ANNUAL REPORT
1996



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

AMENDED ANNUAL REPORT

DOCUMENT # 199500005300366
1. Corporation Name

Chipola Construction & Supply, Inc.

Principal Place of Business

Mailing Address

Highway 71
Altha, FL 32421

Highway 71
Altha, FL 32421

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

07/05/1995

04/17/1996

4. FEI Number

Applied For

59-3328542

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

Shirley Jernigan
Highway 71
Altha, FL 32421

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

Signature, type or print name of registered agent and date of signature

(NOTE: Registered Agent Signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President/Director** ☐ DELETE
NAME **Shirley Jernigan**
STREET ADDRESS **Highway 71**
CITY-ST-ZIP **Altha, FL 32421**

TITLE **Secretary/Treasurer/D** ☐ DELETE
NAME **Paula Jernigan**
STREET ADDRESS **Highway 71**
CITY-ST-ZIP **Altha, FL 32421**

TITLE **V/D** ☒ DELETE
NAME **Clifford Newsome**
STREET ADDRESS **Newsome Road Off Hwy 73 N**
CITY-ST-ZIP **Clarksville, FL 32430**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **V/D** ☒ Change ☐ Addition
12 NAME **John Jernigan**
13 STREET ADDRESS **Highway 71**
14 CITY-ST-ZIP **Altha, FL 32421**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 Sect on 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shirley Jernigan, President

7-25-96

904-762-3353 or

904-762-3750

05/8/96

CR2E034 (3/96)