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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 04 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000053366 (7)

CHIPOLA CONSTRUCTION & SUPPLY, INC.

#IGHWAY 71 ALTHA FL 32421  3. Date Incorporated or Qualified 07/05/1995  2. Principal Place of Business 3. Date Incorporated or Qualified 07/05/1995  4. FEI Number Applied For 21 610 Hanna Tower Road 26 P.O. Box 263  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Altha, FL 32421  City & State  City & State  6. Election Campaign Financing  \$5.00 May Re						····.								
ATHA FL 3821	Principal Place of Business Mailing Address										b till astilitat ine imimi mitter dater finter a	atil Alibi Etill	ADSM TELLE MARTIN	A MALL AMOL
Principal France of Business   2a Mulang Address   4. FET Number   Applied for				***************************************										
2. First-principle Flact of Business   28. Maling Address   36.1 Manual Tower Road   76.1											•	I		eport
Section   Part	2. Principa!	Place of Bus	siness									<u></u>		oplied For
Altha	21 610	Hanna '	Tower R	oad :										t Applicable
City & State			32421								5. Certificate of Status Desired	<b>£</b> ]		
200   200	City & St.		g ; · · · · · · · · · · · · · · · · · ·							6. Election Campaign Financing	······································	\$5.00	May Be	
25	23				28						Trust Fund Contribution		Added	to Fees
SERVICIAN, SHRIEF   High High High High High High High High			ļ '	F-				Country						. 199.032,
SERVICIAN   SHIRLEY   HIGHWAY 71   ALTHA FL 32421   82   Street Address (P.O. Box Number is Not Acceptable)   83   Street Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   87   Zip Co	24					<u> </u>	30							
				es of Current He	gisterea	Agent		81	Na		10, Name and Address of New	Heðisteled /	Agent	
### City   FL   85   Zip Code									ivai	1116				
B3   B4   City						82 Street A				et Ad	dress (P.O. Box Number is Not Accept	able)		
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 again, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered spend if an impact to preder directors again, or both, and accept the obligations of Section 607-0005, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INTE  PD  DELETE  11 TOLE  12 NAME  JERNIGAN, SHIRLEY  HIGHWAY 71  13 STREET ADDRESS  ONLY SI-ZIP  ALTHA FL 32421  14 CITY-SI-ZIP  ALTHA FL 32421  14 CITY-SI-ZIP  ALTHA FL 32421  22 NAME  JERNIGAN, PAULA  HIGHWAY 71  ALTHA FL 32421  22 NAME  JERNIGAN, PAULA  HIGHWAY 71  ALTHA FL 32421  22 NAME  JERNIGAN, PAULA  NEWSOME, CLIFFORD  NEWSOME, CLIFFORD  NEWSOME ROAD OFF HWY 73 N  CLARKSVILLE FL 32430  NEWSOME ROAD OFF HWY 73 N  CLARKSVILLE FL 32430  ALTHA FL 32421  ALTHA FL 32421  ALTHA FL 32421  TOL  STREET ADDRESS  NEWSOME ROAD OFF HWY 73 N  CLARKSVILLE FL 32430  ALTHA FL 32421  TOL  STREET ADDRESS  NEWSOME ROAD OFF HWY 73 N  CLARKSVILLE FL 32430  ALTHA FL 32421  ALTHA FL 32421  ALTHA FL 32421  ALTHA FL 32421  TOL  STREET ADDRESS  NEWSOME ROAD OFF HWY 73 N  CLARKSVILLE FL 32430  ALTHA FL 32421  A	AL	1HA FL 32	421					A3						
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 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE														
11. Piccapant   Io Price provisions of Sactions 607 (0502 and 607, 1508, Florida Statutus   Florida Statut								84	City	Ý		Ci	<b>85</b> Zip	Code
SIGNATURE   12.	11 Duraner	at to the pro-	decore of Soci	ione 607 0502 ar	d 607 15	08 Florida Stal	tulae th	a above	-nan	ned co	progration submits this statement for the		Changing i	te registered
SIGNATURE   12.	office of	r registered	agent, or both	, in the State of F	Torida. Su	ich change wa	is author	ized by	the	corpor	ration's board of directors. I hereby acc	cept the app	ointment as	registered
NOTE   Political product of important apper and take displaces   NOTE   Political product or important apper and take displaces   NOTE   Political politic			with, and acc	ept the obligation	is of, Sec	tion 607.0505,	Fiorida :	statutes	S.					i
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE		and or profess name	of registered agent an	atoos h alta f	abe (N	OTE Reals	tered Age	ent Bian	ature rec	ruired when reinstating)	DATE		
NAME   JERNIGAN, SHIRLEY   12 NAME   13 STREET ADDRESS   1.4 CITY-ST-ZIP   1.1	12.												DIRECTOR	3S IN 12
HighWay 71	16TLF	PD				DELETE	1	.1 TITLE		T			Change	Addition
HighWay 71	NAME	JERNIG	IAN, SHIRLE	Y			1	2 NAME						
STD	STREET ADDRESS						1	.3 STREET	ADDRE	SS				
Delete   D	City - St - ZIP	ALTHA	FL 32421				,	.4 CITY - S	T-7(P					
STREET ADDRESS   STRE	TITLE	STD				DELETE	2	.1 TITLE		S	SD		X Change	Addition
ALTHA FL 32421	NAME	JERNIG	ian, Paula				2	2 NAME		J	Jernigan, Paula			
TITLE	STREET ADORES	HIGHW	AY 71				2	3 STREET	ADORE	ss H	lighway 71			
NAME	CITY - S1 - ZIP	ALTHA	FL 32421				2	4 CITY-	ST-ZIP	A	1tha, FL 32421			
STREET ADDRESS CITY-ST-ZP CLARKSVILLE FL 32430  TITLE VD DELETE 41 TITLE VD JERNIGAN, JOHN STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS THEE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS THEE STREET ADDRESS STREET ADDRESS THEE STREET ADDRESS	TITLE	1				X DEFELE	3	1 TITLE					☐ Change	Addition
CLARKSVILLE FL 32430   34. City-St-ZiP	NAME						3	2 NAME						
Title	STREET ADDRESS						3	3 STREET	ADDRE	SS				
NAME STREET ADDRESS CITY-S1-ZIP TITLE  NAME STREET ADDRESS CITY-S1-ZIP  TO Change X Addition  DELETE  S.1 TITLE  DELETE  S.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP  TITLE  DELETE  DELETE  S.4 CITY-S1-ZIP  TO  Change X Addition  TO  Change Addition  Addition  Change Addition  Change Addition			SVILLE FL 3	2430					ST-ZIP	$\bot$			7	
Highway 71	TITLE					L DELETE							L Change	Addition
ALTHA FL 32421	\						- 1							
TILE	STREET ADDRESS									ESS				
NAME SIREFT ADDRESS CITY-S1-ZIP TITLE  5.2 NAME Jernigan, David 5.578-B Lumberjack Lane 5.4 CITY-S1-ZIP Tallahassee, FL 32303 Change Addition		ALTHA	FL 32421			Locuere			T-ZIP				Channa	Addition
SIREET ADDRESS  5.3 STREET ADDRESS  CITY-S1-ZIP  THLE  5.4 CITY-S1-ZIP  Tallahassee, FL 32303  Change Addition						THE DETERM	1				· <del></del>		L. Change	MODITION
CIT-SI-ZIP	Į								1000			_		
TITLE DELETE 6.1 TITLE LI Change Li Addition	1	5												
						DELETE			1-ZIP	<del> T</del>	allahassee, FL 3	2303	Channe	Addition
1947/L ■ 0.4 NAMC						had DELETE							Country	
STREET ACCIDESS 6.3 STREET ADDRESS	ļ								. ADOD					
		31								.33				
64 CITY-ST-ZIP  14. I do 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	14 Ldo bei	reby certify t	hat the inform	ation supplied wi	th this filir	na does not nu	alify for	the exe	motio	teta no	ted in Section 119.07(3)(i). Florida State	utes. I furthe	r 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	informa	ition indicate	d on this ann	ial report or supp	lemental	annual report i	is true ai	nd acci	urate	and th	hat my signature shall have the same to	egal effect as	s if made un	ider oath; that
appears in Block 12 or Block 13 if changed, or on an attachment with an address.	ann an appear	s in Block 12	recion of the C Por Block 13 i	changed, or on	an attact	ment with an a	address.	IO BXBL	oue l	nio rep	with an required by chapter our, right	a via(1105; 8	normating i	naffi¢

SIGNATURE: Signature And Type of Signing Officer On Director President 2-26.-97 904-762-3353