**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

APPROVED AND FILED pg. 192

97 NOV 24 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # P96000019759

1. Corporation Name
Wakulla Chivaree, Inc

Principal Place of Business | Mailing Address
414 Bob Miller Rd

3. Date Incorporated or Qualified: 3-4-96
3a. Date of Last Report:

2. Principal Place of Business
21 414 Bob Miller Rd
Suite, Apt. #, etc. 22
City & State 23 Crawfordville FL
Zip 24 32326 Country 25 Wakulla

2a. Mailing Address
26 P.O. Box 599
Suite, Apt. #, etc. 27
City & State 28 Woodville FL
Zip 29 32362 Country 30 Leon

4. FEI Number: 59-3426843 ☐ 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

9. Name and Address of Current Registered Agent

Guinn Haskins
~~P.O. Box 507~~ 417 Bob Miller Rd
~~Woodville, FL 32362~~ Crawfordville, FL

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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | Guinn Haskins | 1.2 NAME | 400002357114--0 |
| STREET ADDRESS | 417 Bob Miller Rd | 1.3 STREET ADDRESS | -11/25/97--01079--018 |
| CITY-ST-ZIP | Crawfordville, FL 32326 | 1.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| TITLE | V-President | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | Sherri Jackman | 2.2 NAME | |
| STREET ADDRESS | 869 Sunflower Rd | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Tallahassee, FL 32310 | 2.4 CITY-ST-ZIP | |
| TITLE | Secretary | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | Amy Smith | 3.2 NAME | |
| STREET ADDRESS | Rt 16 Box 5348 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Talla, FL 32310 | 3.4 CITY-ST-ZIP | |
| TITLE | Treasurer | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | Lady Haskins | 4.2 NAME | |
| STREET ADDRESS | ~~P.O. Box~~ 417 Bob Miller Rd | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Crawfordville FL 32326 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

☐ DELETE

CR2E034 (9/96)

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 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:** Lady Haskins 11-24-97 421-3125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11-24-97



To Whom It may concern,

We did not receive a first

or second notice.

please send to

P.O. Box 599

Wooduille, FL 32362

Thank you

Lady Haskins