

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000038075 Corporation Name

CHIPPER PROPERTIES INCORPORATED

	PROPERTIES INCORPORA					
Principal Place of	of Business	Mailing Address	-			
835 SO. OSPREY		835 SO. OSPREY AVENUE.	#105		•	
SUITE 212 SUITE 212				•	DO NOT WRITE IN T	HIS SPACE
SARASOTA FL 34236 SARASOTA FL 34236 US					3. Date Incorporated or Qualifed	•
บร	:	00			04/29/1997	
	8.	2a. Mailing Address			4. FEI Number	Applied For
2. Principal Pla	ce of Business	<u> </u>			65-0764238	Not Applicable
21		Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #	, etc.	27			5. Certificate of Status Desired	Fee Required
22		City & State			6. Election Campaign Financing	\$5.00 May Be
City & State		28			Trust Fund Contribution	Added to Fees
23	Country	Zip	Country		8. This corporation owes the current year	ar Intangible
Zip	25	29	30		Personal Property Tax.	☐ Yes ☐ No
24	9. Name and Address of Current				10. Name and Address of New Registe	ored Agent
	5. Maine and 3.	A BARRATT	81	Name		
SHEA	JOHN A JELLE TO SACE.	w/, ,	82	Street Add	ress (P.O. Box Number is Not Acceptable)	
630 S	SOUTH ORANGE AVENUE	3.00	15-1	00,000,000	Control of the Contro	we are to the course policy of the course of the
	SOTA FL 34236		83		1870年 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
0,02		•		0.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code
			84	City	poration submits this statement for the purpor on's board of directors. I hereby accept the a	FL
12.	Signature, typed or printed name of registered ager				ed when reinstating) (1945) DA	OC AND DIDECTORS IN 12
1 12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
		D DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12 Change Addition
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6.4 CITY-ST-ZIP

14. I 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 of fustee empowered a 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, with all other like empowered.

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90011 035 ***150.00