

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90093 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000054719**

1. Corporation Name  
**CHIPOLA LAND AND DEVELOPMENT COMPANY**



Principal Place of Business: P O BOX 6047 MARIANNA FL 32447  
 Mailing Address: P O BOX 6047 MARIANNA FL 32447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **1371 Mockingbird Road**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Marianna, FL**  
 Zip Country  
 24 **32448** 25  
 2a. Mailing Address  
 26 **1371 Mockingbird Rd**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **Marianna, FL**  
 Zip Country  
 29 **32448** 30

3. Date Incorporated or Qualified  
**06/20/1997**  
 4. FEI Number  
**59-3453521**  
 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**O'STEEN, J C**  
**177 SALEM CT**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name **Same**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2900 Park Avenue E., Suite A**  
 83  
 84 City **Same** **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SAPP, WALLY E
STREET ADDRESS	P O BOX 6047 N/A
CITY-ST-ZIP	MARIANA FL 32447
TITLE	SD <input type="checkbox"/> DELETE
NAME	SAPP, EDNA M
STREET ADDRESS	P O BOX 6047 N/A
CITY-ST-ZIP	MARIANNA FL 32447
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1371 Mockingbird Road</b>
1.4 CITY-ST-ZIP	<b>Marianna, FL 32448</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1371 Mockingbird Road</b>
2.4 CITY-ST-ZIP	<b>Marianna, FL 32448</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: Wally E Sapp **3-14-99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)