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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000067303 (2)

1. Corporation Name
CHISPYS, INC.

Principal Place of Business

8378 ARLINGTON EXPWY STE 2000
JACKSONVILLE FL 32202

Mailing Address

8378 ARLINGTON EXPWY STE 2000
JACKSONVILLE FL 32202



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

59-3467982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KIRSCHNER MAIN GRAHAM TANNER & DEMONT PA
ONE INDEPENDENT DR STE 2000
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D WIGGINS, HENRY D JR
STREET ADDRESS ONE INDEPENDENT DR STE 2000
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME D KOZAK, BARBARA
STREET ADDRESS ONE INDEPENDENT DR STE 2000
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME D MURPHY, DANIEL R JR
STREET ADDRESS 4426 PALMETTO INLET WEST
CITY-ST-ZIP JACKSONVILLE FL 32277

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRESIDENT
1.3 STREET ADDRESS WIGGINS, DYER, JR.
1.4 CITY-ST-ZIP 9378 ARLINGTON EXPWY
JACKSONVILLE FL 32225

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SECRETARY
2.3 STREET ADDRESS KOZAK, BARBARA
2.4 CITY-ST-ZIP 9378 ARLINGTON EXPWY
JACKSONVILLE FL 32225

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME TREASURER
3.3 STREET ADDRESS MURPHY, DANIEL R, JR
3.4 CITY-ST-ZIP 4426 PALMETTO INLET WEST
JACKSONVILLE FL 32277

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME DIRECTOR
4.3 STREET ADDRESS SMATHERS, BRUCE A
4.4 CITY-ST-ZIP 9378 ARLINGTON EXPWY
JACKSONVILLE FL 32225

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

CR2E034 (10/97)