

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S64388 (9)

1. Corporation Name
SCHIPPER-NATIONS CONSTRUCTION, INC.



Principal Place of Business
1366 W. 15TH STREET
PANAMA CITY FL 32401

Mailing Address
P.O. BOX 15949
PANAMA CITY FL 32408-5949

3. Date Incorporated or Qualified 07/08/1991 3a. Date of Last Report 05/01/1996
4. FEI Number 59-3208710 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SCHIPPER, HENRY W.
638 W. 23RD ST.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent
81 Name CHANGE OF ADDRESS
82 Street Address (P.O. Box Number is Not Acceptable) 1366 W. 15TH ST.
83 PANAMA CITY, FL, 32401
84 City FL 85 Zip Code 32401

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: *Donald J. Nations* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIPPER, HENRY W	1.2 NAME	
STREET ADDRESS	638 W. 23RD ST.	1.3 STREET ADDRESS	1366 W. 15TH STREET
CITY-ST-ZIP	PANAMA CITY FL 32405	1.4 CITY-ST-ZIP	PANAMA CITY, FL. 32401
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIPPER, MARTHA	2.2 NAME	
STREET ADDRESS	638 W. 23RD ST.	2.3 STREET ADDRESS	1366 W. 15TH ST.
CITY-ST-ZIP	PANAMA CITY FL 32405	2.4 CITY-ST-ZIP	PANAMA CITY, FL. 32401
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATIONS, MARILYN S	3.2 NAME	
STREET ADDRESS	638 W. 23RD ST.	3.3 STREET ADDRESS	1366 W. 15TH ST.
CITY-ST-ZIP	PANAMA CITY FL 32405	3.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	V.P. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATIONS, DONALD	4.2 NAME	
STREET ADDRESS	1366 W. 15TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL. 32401	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: *Donald J. Nations* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)