	PROFIT RPORATION UAL REPORT 1996			A DEPARTMEN Sandra B. Mor Secretary of S ON OF CORPO	ham tate			
OCU Corporatio	MENT # (007017	(7	7)				
BLOC	KER TRANSFER	COMPANY					.	
incipal Plac	e of Business		Mařing Address					
	AVE NORTH BURG FL 33713-297		3035 22ND AVE ST PETERSBURG US					
Principal P	lace of Business		2a. Mailing Addres			3. Date Incorporated or Qual 01/11/1915		Last Report 8/1995
·			26. Walling Addres			4. FEI Number 59-0167140		Applied For Not Applicat
Suite, Apt.	#, etc		Suite, Apt. #, e	etc.		5. Certificate of Status Desire	og 🗆 🕻	8.75 Additional Fee Required
City & Stat	е		City & State			Election Campaign Financi Trust Fund Contribution	ng 🔲	\$5.00 May Be
Zip	Coun 25	try	Zip 29	30	ountry	8. This corporation has liabilit	y for intangible tax u	Added to Fees nder s 199.032,
	9. Name and Add	ress of Current R		[30]		Florida Statutes 10. Name and Address of N	Yes No ew Registered Age	ent
st. Pet	ND AVE. NORTH ERSBURG FL 3371(3			83	dress (P.O. Box Number is Not Acce		
Pursuant or register familiar wi	to the provisions of Secret agent, or both, in the	tions 607.0502 and e State of Florida. sations of, Section	607.0505, Florida Sta	Statutes, the al thorized by the atutes.	83 84 City	oration submits this statement for the	FL	5 Zip Code ng its registered off stered agent. I am
Pursuant or register familiar wi	to the provisions of Secret agent, or both, in the th, and accept the oblig	tions 607.0502 and e State of Florida. pations of, Section of registered agent and	607.0505, Florida Sta	Atutes. (NOTE: Register	84 City ove-named corporation's box od Agent significe require	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	FL Be purpose of changing appointment as regular.	ng its registered off istered agent. I am
Pursuant or register familiar wi NATURE	to the provisions of Secret agent, or both, in the th, and accept the oblig	tions 607.0502 and e State of Florida. sations of, Section	607.0505, Florida Sta	(NOTE: Register	84 City ove-named corporation's box od Agent significe require	oration submits this statement for the ard of directors. I hereby accept the	PL Be purpose of changing appointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am RECTORS IN 12
Pursuant or register familiar wi NATURE	to the provisions of Secret agent, or both, in the th, and accept the oblig Signature, typed or printed name PD LANDER, L.C.	tions 607.0502 and e State of Florida. sations of, Section of registered agent and OFFICIERS AND D	607.0505, Florida Sta tile if ano icable RECTORS	(NOTE: Register	84 City ove-named corporation's box od Agent signature require	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	FL Be purpose of changing appointment as regular.	ng its registered off stered agent. I am RECTORS IN 12
Pursuant or register familiar wi NATURE	to the provisions of Secret agent, or both, in the th, and accept the oblig Signature, typed or prested name PD LANDER, L.C. 3535 7TH AVE. N	tions 607.0502 and e State of Florida. sations of, Section of Florida and of Florida and of Florida and of Florida AND Districtions.	607.0505, Florida Sta tile if ano icable RECTORS	(NOTE: Register 13 1.1 1.2 1.3	83 84 City Ove-named corporation's box Agent signifure reques TITLE NAME STREET ADDRESS	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	PL Be purpose of changing appointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am
Pursuant or register familiar with NATURE	to the provisions of Secret agent, or both, in the th, and accept the oblig Signature, typed or printed name PD LANDER, L.C. 3535 7TH AVE. N. ST. PETERSBURG VD	tions 607.0502 and e State of Florida. sations of, Section of Florida and of Florida and of Florida and of Florida AND Districtions.	607.0505, Florida Sta tile if ano icable RECTORS	(NOTE: Register 13 1.1 1.2 1.3	83 84 City Nove-named corporation's box ad Agent signifure require TITLE NAME STREET ADDRESS DITY-ST-ZIP	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changing appointment as region DATE OFFICERS AND DIF	ng its registered offistered agent. I am RECTORS IN 12 hange Addition
Pursuant or register familiar win NATURE	to the provisions of Secret agent, or both, in the th, and accept the oblig Signature, typed or printed name PD LANDER, L.C. 3535 7TH AVE. N ST. PETERSBURG VD SNELL, D.A.	tions 607.0502 and a State of Florida. Satisfies of Section alions of, Section of registered agent and OFFICERS AND D.	607.0505, Florida Sta elle l'apo cable RECTORS	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1	83 84 City Ove-named corporation's box Agent signifure reques TITLE NAME STREET ADDRESS	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	PL Be purpose of changing appointment as region DATE OFFICERS AND DIF	ng its registered offistered agent. I am RECTORS IN 12 hange Addition
Pursuant or register familiar with NATURE	to the provisions of Sec ed agent, or both, in the th, and accept the oblig Synature, typed or printed name PD LANDER, L.C. 3535 7TH AVE. N ST. PETERSBURG VD SNELL, D.A. 11227 60TH ST N	tions 607.0502 and a State of Florida. Satisfies of Section actions of Section of registered agent and OFFICERS AND D. J. G FL	607.0505, Florida Sta elle l'apo cable RECTORS	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1	83 84 City Ove-named corporation's box ad Agent signifure require TITLE NAME STREET ADDRESS City-ST-ZIP TITLE	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changing appointment as region DATE OFFICERS AND DIF	ng its registered offistered agent. I am RECTORS IN 12 hange Addition
Pursuant or register familiar with NATURE	to the provisions of Secret agent, or both, in the th, and accept the oblig Signature, typed or printed name PD LANDER, L.C. 3535 7TH AVE. N ST. PETERSBURG VD SNELL, D.A.	tions 607.0502 and a State of Florida. Satisfies of Section actions of Section of registered agent and OFFICERS AND D. J. G FL	607.0505, Florida Sta otle i' epo icable RECTORS DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	83 84 City NOVE-named corporation's box NOT Agent signification require TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am RECTORS IN 12 hange Addition
Pursuant or register familiar with NATURE	to the provisions of Secret agent, or both, in the thi, and accept the oblig Signature, typed or printed name PD LANDER, L.C. 3535 7TH AVE. N ST. PETERSBURG VD SNELL, D.A. 11227 60TH ST N PINELLAS PARK TD SNELL, B.L.	tions 607.0502 and a State of Florida. Satisfies of, Section of registered agent and OFFICERS AND D. I. G FL	607.0505, Florida Sta elle l'apo cable RECTORS	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.44 3.1	83 84 City NOVE-named corporation's box NOTAGENT SIGNATURE PROPERTY STATES BY ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changing appointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am RECTORS IN 12 hange Addition
Pursuant or register familiar with NATURE	to the provisions of Secret agent, or both, in the th, and accept the oblig Signature, typed or printed name PD LANDER, L.C. 3535 7TH AVE. N ST. PETERSBURG VD SNELL, D.A. 11227 60TH ST PINELLAS PARK TD SNELL, B.L. 11227 60TH ST.	tions 607.0502 and a State of Florida. Satisfies of Section and Confederations of Section and Confederations of Section of Section and Confederations of Section 1.	607.0505, Florida Sta otle i' epo icable RECTORS DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	83 84 City NOVE-named corporation's box NOT Agent signification require TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am RECTORS IN 12 hange Addition
Pursuant or register familiar with NATURE ET ADDRESS ST-ZIP T ADDRESS T ADDRESS	to the provisions of Secret agent, or both, in the th, and accept the oblig Signature. Speed or printed name PD LANDER, L.C. 3535 7TH AVE. N ST. PETERSBURG VD SNELL, D.A. 11227 60TH ST N PINELLAS PARK TD SNELL, B.L. 11227 60TH ST. PINELLAS PARK PINELLAS PARK	tions 607.0502 and a State of Florida. Satisfies of Section and Confederations of Section and Confederations of Section of Section and Confederations of Section 1.	607.0505, Florida Ste offe Papoicable RECTORS DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.21 3.3 3.4	83 84 City Nove-named corporation's box Agent signiture require TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am RECTORS IN 12 hange Addition
Pursuant or register familiar win NATURE I ADDRESS ST-ZIP I ADDRESS ST-ZIP	to the provisions of Secret agent, or both, in the thi, and accept the oblig Signature. Specific or printed name PD LANDER, L.C. 3535 7TH AVE. N ST. PETERSBURG VD SNELL, D.A. 11227 60TH ST N PINELLAS PARK TD SNELL, B.L. 11227 60TH ST. PINELLAS PARK SD	tions 607.0502 and a State of Florida. Satisfies of Section and Confederations of Section and Confederations of Section of Section and Confederations of Section 1.	607.0505, Florida Sta otle i' epo icable RECTORS DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.1	83 84 City Nove-named corporation's box ad Agent signiture require TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am RECTORS IN 12 hange Addition hange Addition
Pursuant or register familiar win NATURE 1 ADDRESS ST-ZIP 1 ADDRESS ST-ZIP	to the provisions of Secret agent, or both, in the th, and accept the oblig Signature. Speed or printed name of the provision of Secret agent, or both, in the th, and accept the oblig Signature. Speed or printed name of the provision of the pro	tions 607.0502 and e State of Florida. Sations of, Section of Florida. Sations of, Section of Florida and the confederal agent	607.0505, Florida Ste offe Papoicable RECTORS DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 3.1 4.1 4.1	83 84 City Nove-named corporation's bost or portation's bost of Agent signature requirements of the portation of the portat	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am RECTORS IN 12 hange Addition hange Addition
Pursuant or register familiar win NATURE IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	to the provisions of Secred agent, or both, in the tri, and accept the oblig Signature, typed or printed name of the control o	tions 607.0502 and e State of Florida. Sations of, Section of Florida. Sations of, Section of Florida and the confederal agent	607.0505, Florida Ste offe Papoicable RECTORS DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.1 4.21 4.35	83 84 City Nove-named corporation's box ad Agent signiture require TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am RECTORS IN 12 hange Addition hange Addition
Pursuant or register familiar win NATURE IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	TERSBURG FL 33713 Ito the provisions of Secred agent, or both, in the thi, and accept the oblig signature, typed or printed name of the provisions of Secred agent, or both, in the thi, and accept the oblig signature, typed or printed name of the	tions 607.0502 and e State of Florida. Saltions of, Section of Florida. Saltions of, Section of Florida and the Communication of Transfer	607.0505, Florida Ste offe Papoicable RECTORS DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.1 4.21 4.35 4.4(5.1	83 84 City Nove-named corporation's bost or portation's bost or portation or p	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as region DATE OFFICERS AND DIF	ng its registered off stered agent. I am RECTORS IN 12 hange
Pursuant or register familiar win NATURE IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	TERSBURG FL 33713 Ito the provisions of Secred agent, or both, in the thi, and accept the oblig segment. The provisions of Secred agent, or both, in the thi, and accept the oblig segment. The provision of the	tions 607.0502 and e State of Florida. sations of, Section of Florida. Sations of, Section of Florida and the Company of Florida	607.0505, Florida Sta offer egoscoble RECTIONS DELETE DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.1 4.21 4.3 4.1 5.1 5.2	83 84 City Over-named corporation's book Agent signature required. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS STRY-ST-ZIP TITLE NAME STREET ADDRESS STRY-ST-ZIP TITLE NAME STREET ADDRESS STRY-ST-ZIP TITLE NAME	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as regional control co	ng its registered off stered agent. I am RECTORS IN 12 hange Addition hange Addition hange Addition
Pursuant or register familiar with NATURE I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP ADDRESS SI-ZIP ADDRESS SI-ZIP	TERSBURG FL 33713 Ito the provisions of Secred agent, or both, in the thi, and accept the oblig signature, typed or printed name of the provisions of Secred agent, or both, in the thi, and accept the oblig signature, typed or printed name of the	tions 607.0502 and e State of Florida. sations of, Section of Florida. Sations of, Section of Florida and the Company of Florida	607.0505, Florida Sta offer egoscoble RECTIONS DELETE DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.1 4.21 5.1 5.2 M	83 84 City Over-named corporation's book Agent signature required. Title NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as regional control co	ng its registered off stered agent. I am RECTORS IN 12 hange Addition hange Addition hange Addition
Pursuant or register familiar win NATURE IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	TERSBURG FL 33713 Ito the provisions of Secred agent, or both, in the thi, and accept the oblig segment. The provisions of Secred agent, or both, in the thi, and accept the oblig segment. The provision of the	tions 607.0502 and e State of Florida. sations of, Section of Florida. Sations of, Section of Florida and the Company of Florida	607.0505, Florida Sta offer egoscoble RECTIONS DELETE DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.1 4.21 5.1 5.2 M	83 84 City Over-named corporation's bost or portation's bost or portation or p	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as regional control co	ng its registered off istered agent. I am RECTORS IN 12 hange
Pursuant or register	TERSBURG FL 33713 Ito the provisions of Secred agent, or both, in the thi, and accept the oblig segment. The provisions of Secred agent, or both, in the thi, and accept the oblig segment. The provision of the	tions 607.0502 and e State of Florida. sations of, Section of Florida. Sations of, Section of Florida and the Company of Florida	DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.1 4.21 5.1 5.2 5.3 5.4(6.1) 6.2 8	83 84 City Over-named corporation's book oxid Agent signature required. Title NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS STRY-ST-ZIP TITLE NAME STREET ADDRESS STRY-ST-ZIP TITLE NAME THEET ADDRESS STRY-ST-ZIP THEET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS	oration submits this statement for the ard of directors. I hereby accept the advisor renstatival	e purpose of changinappointment as regional control co	ng its registered off stered agent. I am RECTORS IN 12 hange

JO LYNN LANDER 04/22/96 813 323-1888

SIGNATURE: