

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **448795** (5)

1. Corporation Name
SONIA M. BLAIR, INC.

Principal Place of Business: **3121 PONCE DE LEON BLVD
CORAL GABLES FL 33134**
Mailing Address: **3121 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **05/22/1974** 3a. Date of Last Report: **08/25/1994**

4. FFI Number: **59-1654163** 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 has liability for intangible tax under S. 199.035, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22. Suite, Apt. #, etc.: **22** 27. Suite, Apt. #, etc.: **27**

23. City & State: **23** 28. City & State: **28**

24. Zip: **24** 25. County: **25** 29. Zip: **29** 30. County: **30**

9. Name and Address of Current Registered Agent
**BLAIR, SONIA
3121 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

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: _____ (Name of Agent or professional, if registered agent is a professional) _____ (Name of Registered Agent or registered agent nominee)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLAIR, SONIA M.
STREET ADDRESS	3121 PONCE DE LEON BLVD
CITY, ST, ZIP	CORAL GABLES FL
TITLE	S
NAME	WICK, DANIEL A.
STREET ADDRESS	3121 PONCE DE LEON BLVD
CITY, ST, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and correct and liability for the country then stated in Section 119 (2)(b), Florida Statutes. I further certify that the information was used on the annual report or supplemental annual report as 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 person or licensed professional who submits this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, on the officers and directors with addresses.

SIGNATURE: *Sonia M Blair* 4-30-95 305-446-8695
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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STATE OF FLORIDA
 ANNUAL REPORT
 1995



DEPARTMENT OF STATE
 Office Manager
 Secretary of State
 Tallahassee, Florida

APR 28 1995

DOCUMENT # **449494**

(4)

T. PAT DANIELS, INC.

5-11-95 10:00

TALLAHASSEE, FLORIDA

RT. 2, BOX 294C
 LAKE CITY FL 32056-9115

RT. 2, BOX 294C
 LAKE CITY FL 32056-9115

DO NOT WRITE IN THIS SPACE

3. Date incorporated (or Quarter)	3a. Date of Last Report
04/01/1974	04/26/1994
4. FLS Number	Applied For
59-1542517	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 196.032 Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address	2a. Mailing Address
21 RT 15 Box 1760	26 RT 15 Box 1760
22	27
23 Lake City FL	28 Lake City FL
29 32024	30 Columbia

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DANIELS, T PAT RT. 2, BOX 294C LAKE CITY FL 32055		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 607.012, 607.013 and 607.1508, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office in accordance with the provisions of 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 I accept the obligations of Section 607.012, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
OFFICER	PD DANIELS, PAT T. RT. 2 BOX 294 C LAKE CITY FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	ST TEMPLE, LILLIAN C. RT 2 BOX 201-C LAKE CITY FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	V CARPENTER, DENNIS 950 LAKE MONTGOMERY DR. LAKE CITY FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is complete, furnished and checked and apply to the respective states in New York, 1994/1995 Florida Statutes. I further certify that the information included on this annual report or bi-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 owner of the corporation or have the power to cause this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 15 of this filing. I do hereby accept the appointment as an officer.

SIGNATURE: *Lillian C Temple*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 904-752-0534