

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M77088** (6)  
1. Corporation Name  
**THE BLUE JILLION CORPORATION**



Principal Place of Business: **200 AVE B NW WINTER HAVEN FL 33880 US**  
Mailing Address: **P O BOX 194 WINTER HAVEN FL 33883 US**

3. Date Incorporated or Qualified: **04/19/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2899200**  
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**STRANG, CARL J III  
200 AVE B NW  
2ND FL  
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>STRANG, CARL J., III</b>   |                                 |
| STREET ADDRESS | <b>519 AVENUE B, N.W.</b>     |                                 |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>        |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>STRANG, JOHN W.</b>        |                                 |
| STREET ADDRESS | <b>690 W. LAKE OTIS</b>       |                                 |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>        |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>PURCELL, JON M.</b>        |                                 |
| STREET ADDRESS | <b>5905 N.W. 54TH TERRACE</b> |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>         |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>STRANG, CARL J., JR.</b>   |                                 |
| STREET ADDRESS | <b>1050 W. LAKE OTIS</b>      |                                 |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>        |                                 |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *[Signature]* **CARL J STRANG III** 5/1/96 941/299-1115 x1  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)