

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

25 MAY - 11 AM 1994

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H10275** (6)

1. Corporation Name
THE BLUE BALLOON, INC.

Principal Place of Business Mailing Address
**1864 NEW HAMPSHIRE AVE NE
ST PETERSBURG FL 33703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created **05/25/1984** 3a. Date of Last Report **04/05/1994**

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

4. FFI Number **59-2432014** 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

9. Name and Address of Current Registered Agent

**HAMMEL, ROBERT S.
1864 NEW HAMPSHIRE AVE NE
ST PETERSBURG FL 33703**

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 607.0607 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 607.0609, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

NAME	PSD HAMMEL, ROBERT S. 1864 NEW HAMPSHIRE AVE ST PETERSBURG FL
NAME	VTD HAMMEL, KATHLEEN E. 1864 NEW HAMPSHIRE AVE ST PETERSBURG FL
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191.02(6)(b) Florida Statutes. I further certify that the information included 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 is, any willful or negligent falsification of the information on this report or supplemental report shall constitute the report as required by Chapter 607, Florida Statutes, and that my name appears in this filing as the filer of the report or supplemental report with an address.

SIGNATURE: **ROBERT S. HAMMEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/94