

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON 90 BEFORE 6/30/95: \$225 (IF NONE, THEN AMOUNT DUE TO BE PAID: \$0.00)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 31 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004919 (6)

1. Corporation Name

BLAXTON, INCORPORATED

Principal Place of Business

P.O. BOX 281
HUNTSVILLE AL 35804

Mailing Address

P.O. BOX 281
HUNTSVILLE AL 35804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 2908 Meridian Street

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite A

Suite, Apt. #, etc.

27

City & State

23 Huntsville, Alabama

City & State

28

Zip

24 35811

Country

25 U.S.A.

Zip

29

Country

30

4. FEI Number

63-1070697

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

Signature (typed or printed name of registered agent and his or her address)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BLAXTON, WAYNE P
STREET ADDRESS 221 KNOLLRIDGE
CITY, ST, ZIP HUNTSVILLE AL 35801

TITLE V
NAME KELLEY, MARK S
STREET ADDRESS 470 NEPTUNE DR.
CITY, ST, ZIP ARAB AL 35018

TITLE ST
NAME BLAXTON, CHRISTINA D
STREET ADDRESS 221 KNOLLRIDGE
CITY, ST, ZIP HUNTSVILLE AL 35804

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
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(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 I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appearing in Block 12 or Block 13, if changed, is on a new report with an address.

SIGNATURE:

Wayne P. Blaxton, President

July 26, 1995 205/539-5553

Date

(Anytime After 5)