

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **206904** (5)
1. Corporation Name
FLAMINGO BLUE PRINT, INC.

Principal Place of Business Mailing Address
**1010 W. 49 ST.
HALEAH FL 33012**

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 3a. Date of Last Report
10/19/1957 **03/18/1994**
4. FEI Number Applied For
53-0811833 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
**CROYSDALE, PATRICIA
1010 W. 49 ST.
HALEAH FL 33012**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS
TITLE **P**
NAME **CROYSDALE, PATRICIA**
STREET ADDRESS **1010 W. 49 STREET**
CITY - ST - ZIP **HALEAH FL**
TITLE
NAME
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
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96. CITY - ST - ZIP
97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. CITY - ST - ZIP

PAID
2091 4/25/95

REMITTED BY MAY

14. I, the undersigned, certify that the information furnished with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the front cover of this filing 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 manager 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 of this report or in an attachment with an address.

SIGNATURE: _____
(Signature and typed or printed name of signing officer or director)