FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 224789 (8)

1. Corporation Name

BLANTON & UNWIN INC

Principal Place of Business	Mailing Address
120 STATE MARKET ROAD (ZIP 33476) P.O. BOX 61 PAHOKEE FL 33476	120 STATE MARKET ROAD (ZIP 33476) P.O. BOX 61 PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	
21	26	3. Date Incorporated or Qualified **06/13/1959**
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27	4. FEI Number **59-0878603** — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UNWIN, JANICE
120 STATE MARKET RD
PAHOKEE FL 33476

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 title if applicable _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS — **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	UNWIN, JANICE		1.2 NAME		
STREET ADDRESS	2031 BACOM POINT ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	UNWIN, ELAINE		2.2 NAME		
STREET ADDRESS	2031 BACOM POINT ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE FL		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	UNWIN, DAVID		3.2 NAME		
STREET ADDRESS	2031 BACOM PT.ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE FL		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	CONLEY, ADA B.		4.2 NAME		
STREET ADDRESS	281 CARISSA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.