

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # 371475 (5)**  
 1. Corporation Name  
**BLAIR'S JUNGLE DEN, INC.**



Principal Place of Business: **1820 ORMANDS JUNGLE DEN RD ASTOR FL 32102**  
 Mailing Address: **1820 ORMANDS JUNGLE DEN RD ASTOR FL 32102**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/20/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1306491	
24 Country		29 Country		30	
g. Name and Address of Current Registered Agent				Applied For	
BLAIR, EVERETT B 1820 JUNGLE DEN ROAD ASTOR FL 32002				Not Applicable	
				5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Trust Fund Contribution	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLAIR, EVERETT B 1820 JUNGLE DEN ROAD ASTOR FL 32002		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL 32102	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	BLAIR, EVERETT B	1.2 NAME	
STREET ADDRESS	1820 JUNGLE DEN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL 32102	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	BLAIR, BARBARA D	2.2 NAME	
STREET ADDRESS	1820 JUNGLE DEN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL 32102	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Sandra B. Northam* *Everett B Blair* 3/31/98 GNA-749-2214

CFR2E034 (10/97)