

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91223 041 ***150.00

DOCUMENT # 489248

1. Entity Name
PARTIN'S, INC.

Principal Place of Business 313 CENTRE STREET PO BOX 525 FERNANDINA BCH FL 32034	Mailing Address 313 CENTRE STREET PO BOX 525 FERNANDINA BCH FL 32034
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1731580		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BLALOCK, ROBERT N 101 N 15TH ST FERNANDINA BCH FL 32034				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARTIN, JOHN E 1502 ATLANTIC AVE. FERNANDINA BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Blalock, Robert N. 101 N. 15th St. Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLALOCK, ROBERT N 101 NORTH 15TH STREET FERNANDINA BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Partin, Florence R. 1502 Atlantic Ave. Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARTIN, FLORENCE R 1502 ATLANTIC AVE. FERNANDINA BEACH FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Blalock, Martha P. 101 N. 15th St. Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLALOCK, MARTHA P 101 N 15TH ST FERNANDINA BEACH FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ROBERT N. BLALOCK JR., PRES.* **04/28/02** **904-261-1241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)