

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

Reg 1

97 JUL 31 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 547740 (1)

1. Corporation Name
BLASTERS, INC.

Principal Place of Business
7813 PROFESSIONAL PLACE
TAMPA FL 33637-6750
US

Mailing Address
7813 PROFESSIONAL PLACE
TAMPA FL 33637-6750
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1977		3a. Date of Last Report 04/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1772069		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Country	29		30	
24	25	29	30	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BOOS, FREDERICK A
6212 Tanager Place
Temple Terrace FL 33617

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOS, FREDERICK A	1.2 NAME	
STREET ADDRESS	7813 PROFESSIONAL PLACE	1.3 STREET ADDRESS	400002257834--4
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	-08/05/97--01044--001
TITLE	V	2.1 TITLE	****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOS, SCOTT F	2.2 NAME	
STREET ADDRESS	7813 PROFESSIONAL PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natalie B. Elliott	3.2 NAME	Natalie B. Elliott
STREET ADDRESS	7813 Professional Place →	3.3 STREET ADDRESS	7813 Professional Place
CITY-ST-ZIP	Tampa, FL 33637	3.4 CITY-ST-ZIP	Tampa, FL 33637
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)



BLASTERS, INC.

7813 PROFESSIONAL PLACE TAMPA, FLORIDA 33637-6750

813-985-4500
800-327-6799 FL WATS
FAX 813-985-0127

Pg 2

July 24, 1997

Division of Corporations
Attention: Annual Reports
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Blasters, Inc. has enclosed the completed 1997 Annual Report and payment of \$165.00 to Department of State. When we received the "Second Notice" for filing our Annual Report, we realized at that point that we had yet to receive our "First Notice". Blasters, Inc. has been in business since 1977 and has always filed their Annual Report and payment timely. We request that you please waive the late penalty since we have never received the first notice to file and make payment timely. Our past history should substantiate our prompt filing and payment history.

Please call me should you require additional information at 800-327-6799.
Thank you for your consideration in this matter.

Sincerely,
BLASTERS, INC.

Natalie B Elliott

Natalie B. Elliott
Secretary

[Faint, illegible text, possibly a stamp or bleed-through]

WATERBLASTING SERVICES
HYDROCUTTING • AIRPORT RUNWAY CLEANING • PAINT STRIPE REMOVAL
SALES • RENTALS • PARTS • CONSULTANTS • CONTRACTING
1,000 TO 60,000 PSI