SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF REINSTATED, ADDITIONAL AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004919 (6)

1. Corporation Name
BLAXTON, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 281 HUNTSVILLE AL 35804	P.O. BOX 281 HUNTSVILLE AL 35804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2908 Meridian Street
Suite, Apt. #, etc.
22: Suite A
City & State
23: Huntsville, Alabama
Zip
24: 35811
Country
25: U.S.A.

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 63-1070697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BLAXTON, WAYNE P	12 NAME	
STREET ADDRESS	221 KNOLLRIDGE	13 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL 35801	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KELLEY, MARK S	22 NAME	
STREET ADDRESS	470 NEPTUNE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ARAB AL 35016	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	BLAXTON, CHRISTINA D	32 NAME	
STREET ADDRESS	221 KNOLLRIDGE	33 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL 35804	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Wayne P. Blaxton July 26, 1995 205/539-5553
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone #

Wayne P. Blaxton, President

0180015 FN