

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98730**

(7)

1. Corporation Name

BLITZ SERVICE, INC.

Principal Place of Business

**945 HARBOR LAKE COURT
% ANDREW H. BLITZ
SAFETY HARBOR FL 34695**

Mailing Address

**945 HARBOR LAKE COURT
% ANDREW H. BLITZ
SAFETY HARBOR FL 34695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/08/1982

3a. Date of Last Report
04/26/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-2378153

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

**BLITZ, ANDREW H.
945 HARBOR LAKE COURT
SAFETY HARBOR FL 34695**

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

(201) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BLITZ, HERMAN**
STREET ADDRESS **1851 OAK CR DR**
CITY ST ZIP **DUNEDIN, FL 00000**

TITLE **S**
NAME **BLITZ, URSULA B**
STREET ADDRESS **1851 OAK CR DR**
CITY ST ZIP **DUNEDIN, FL 00000**

TITLE **VT**
NAME **BLITZ, ANDREW H**
STREET ADDRESS **3290 MASTERS DR.**
CITY ST ZIP **CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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 110.07(3)(b), Florida Statutes. Further, I 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: **URSULA B. BLITZ** URSULA B. BLITZ

4-3-95 93-745-5005

SIGNATURE AND TYPED OR PRINTED NAME OF MAIN OFFICER OR DIRECTOR

Date

Signature