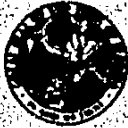


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G44276 (5)

1. Corporation Name

APPLE BLOSSOM ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**SOUTHGATE PLAZA
3501 S. TAMiami TR.
SARASOTA FL 34239
US**

Mailing Address
**SOUTHGATE PLAZA
3501 S. TAMiami TR.
SARASOTA FL 34239
US**

3. Date Incorporated or Qualified
06/17/1983

3a. Date of Last Report
04/22/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2309902

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

6. This corporation has liability for intangible tax under S. 199.052,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITNEY, WALTER K.
7525 PRESERVES CT
SARASOTA FL 34243**

81 Name

Walter K. Whitney

82 Street Address (P.O. Box Number is Not Acceptable)

2910 Lamplighter Dr.

83

84 City

Sarasota

FL

85 Zip Code

34234

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

ADDRESS CHANGE ONLY

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
NAME

**PD
WHITNEY, WALTER K.
7525 PRESERVES CT
SARASOTA FL**

1.1 TITLE
1.2 NAME

**PD
Whitney, Walter K.
2910 Lamplighter Dr.
Sarasota, FL 34234**

☒ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME

**VIS
WHITNEY, VIRGINIA H.
7525 PRESERVES CT
SARASOTA FL**

2.1 TITLE
2.2 NAME

**VIS
Whitney, Virginia H.
2910 Lamplighter Dr.
Sarasota, FL 34234**

☒ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME

**STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE
3.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME

**STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE
4.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME

**STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE
5.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME

**STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE
6.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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:

Virginia H. Whitney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Virginia H. Whitney

4/20/95

813-955-2430