

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

APPROVED AND FILED

95 MAY -1 PM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **G55643** (2)
1. Corporation Name
A & G BLATON OF FLORIDA, INC.

Principal Place of Business Mailing Address
1321 FAIRFIELD ROAD SUITE 101 HIGH POINT NC 27263

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 109 SEMINOLE DRIVE		2a. Mailing Address 26 109 SEMINOLE DRIVE		3. Date Incorporated or Qualified 08/01/1983	3a. Date of Last Report 04/11/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2309365	Applied For <input type="checkbox"/> Not Applicable
23 City & State ARCHDALE, NC		28 City & State ARCHDALE, NC		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 27263	25 Country	29 Zip 27263	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANDREW SERVICE CORP OF FLORIDA 3000 MIAMI 201 S. BISCAYNE BLVD MIAMI FL 33132				10. Name and Address of New Registered Agent	
				81 Name THOMAS A. HANSON	
				82 Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE., # 1400	
				83 WEST PALM BEACH	
				84 City FL	85 Zip Code 33461

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 Thomas A. Hanson **THOMAS A. HANSON** **3/16/95**
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 PD	NAME BLATON, ARMAND	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12900 S.W. 248TH STREET	CITY-ST-ZIP MIAMI FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE D	NAME BLATON, GERALD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12900 S.W. 248TH STREET	CITY-ST-ZIP MIAMI FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE ST	NAME VERBELEN, WILLY	3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5210 NANTUCKET ROAD	CITY-ST-ZIP GREENSBORO NC	3.2 NAME	
		3.3 STREET ADDRESS 5210 NANTUCKET ROAD	
		3.4 CITY-ST-ZIP GREENSBORO, NC	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
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 110.07(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 my attachment with an address.

SIGNATURE: Willy Verbeelen **VERBELEN WILLY** **3/27/95** **800-280-3769**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #