

FILE NOW: FILING FEE AFTER MAY 1 IS \$21.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H10275

(6)

1. Corporation Name

THE BLUE BALLOON, INC.

Principal Place of Business

1864 NEW HAMPSHIRE AVE NE
ST PETERSBURG FL 33703

Mailing Address

1864 NEW HAMPSHIRE AVE NE
ST PETERSBURG FL 33703



3. Date Incorporated or Qualified
05/25/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2432014

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

2. Principal Place of Business

21 5225 4TH STREET NORTH

2a. Mailing Address

26 5225 4TH STREET NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ST. PETERSBURG, FL.

28 ST. PETERSBURG, FL.

Zip

Country

Zip

Country

24 33703

25

29 33703

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMEL, ROBERT S.
1864 NEW HAMPSHIRE AVE NE
ST PETERSBURG FL 33703

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME HAMMEL, ROBERT S.
STREET ADDRESS 1864 NEW HAMPSHIRE AVE
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE VTD
NAME HAMMEL, KATHLEEN E.
STREET ADDRESS 1864 NEW HAMPSHIRE AVE
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5225 4TH ST. NO. FL. 33703

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5225 4TH ST. NO. FL. 33703

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

5225 4TH ST. NO. FL. 33703

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5225 4TH ST. NO. FL. 33703

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5225 4TH ST. NO. FL. 33703

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5225 4TH ST. NO. FL. 33703

☐ Change ☐ Addition

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: ROBERT S. HAMMEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/96

Daytime Phone #

CR2E034 (12/95)