

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90161 028 \*\*\*150.00

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DOCUMENT # H38371

1. Corporation Name

R.E. BLANCHARD, CORPORATION

Principal Place of Business

13720 MC CORMICK DR  
TAMPA FL 34684  
US

Mailing Address

PO BOX 130  
OLDSMAR FL 34677  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1985

4. FEI Number

59-2484926

Applied For  
No 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 108 MIRAVISTA DR.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1791  
Suite, Apt. #, etc.

City & State

23 DUNEDIN FL.  
Zip 34698 Country

City & State

28 GRAND LAKE CO  
Zip 80447 Country

9. Name and Address of Current Registered Agent

BLANCHARD, RAYMOND E., SR.  
13720 MC CORMICK DR  
TAMPA FL 33626

10. Name and Address of New Registered Agent

81 Name BLANCHARD, RAYMOND E., SR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
108 MIRAVISTA DR.  
83  
84 City DUNEDIN FL 85 Zip Code 34698

11. Pursuant to the provisions of Sections 607.050 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 ☐ DELETE

TITLE PDS  
NAME BLANCHARD, RAYMOND E. SR.  
STREET ADDRESS 13720 MC CORMICK DR.  
CITY-STATE-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE PDS  
1.2 NAME RAYMOND E. BLANCHARD, SR.  
1.3 STREET ADDRESS 108 MIRAVISTA DR  
1.4 CITY-STATE-ZIP DUNEDIN FL 34698

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (970) 627-3748  
Date Daytime Phone #

CR2E034 (1/98)