

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:27

DOCUMENT # H99591 (O)

1. Corporation Name

BLEVINS CONCESSION SUPPLY COMPANY

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/17/1986

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2642231

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

XX

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4450 E. Adamo Drive

26 4450 E. Adamo Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 501

27 Suite 501

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

33605

Country

USA

Zip

33605

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSH, PAMELA J
3321 HENDERSON BLVD.
TAMPA FL 33602

81 Name

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

777 S. Harbour Island Blvd., Suite 270

83

84 City

Tampa

FL

85 Zip Code

33602

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

Pamela J. Rush

Pamela J. Rush

1-18-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CPD

NAME

GREENE, RANDALL F.

STREET ADDRESS

5000 ACLINE DR

CITY-ST-ZIP

TAMPA FL

1.1 TITLE

XX Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

4450 E. Adamo Drive, Suite 501

1.4 CITY-ST-ZIP

Tampa, FL 33605

TITLE

DS

NAME

RUSH, PAMELA J.

STREET ADDRESS

3321 HENDERSON BLVD

CITY-ST-ZIP

TAMPA FL

2.1 TITLE

XX Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

777 S. Harbour Island Blvd., Suite 270

2.4 CITY-ST-ZIP

Tampa, FL 33602

TITLE

D

NAME

SHARP, WILLIAM

STREET ADDRESS

4890 WEST KENNEDY BLVD.

CITY-ST-ZIP

TAMPA FL

3.1 TITLE

XX Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

Betti Coleman

3.4 CITY-ST-ZIP

5370 Gulf of Mexico Drive

TITLE

D

NAME

WALLENBERG, PEDER

STREET ADDRESS

4890 WEST KENNEDY BLVD

CITY-ST-ZIP

TAMPA FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

D

NAME

VAN DYKE, STEVEN

STREET ADDRESS

3321 HENDERSON BLVD

CITY-ST-ZIP

TAMPA FL

5.1 TITLE

XX Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

Barry Craig

5.4 CITY-ST-ZIP

200 S. Biscayne Blvd.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Randall F. Greene

Randall F. Greene, President 1/18/95 813/247-7116

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone