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

APPROVED AND FILED
95 MAR 21 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J14367 (3)

1. Corporation Name
BLANKENSHIP PEAT & POTTING SOIL, INC.

Principal Place of Business	Mailing Address
6702 LAND O' LAKES BLVD. PO BOX 69 LAND O' LAKES FL 34639	6702 LAND O' LAKES BLVD. PO BOX 69 LAND O' LAKES FL 34639

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2689976 ☐ 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

9. Name and Address of Current Registered Agent

~~BLANKENSHIP, JERRY~~
~~6702 LAND O' LAKES BLVD~~ DECEASED
~~LAND O' LAKES FL 34639~~

10. Name and Address of New Registered Agent

81 Name: Tammy Blankenship Northrup
82 Street Address (P.O. Box Number is Not Acceptable): 6702 Land O' Lakes Blvd.
83
84 City: Land O' Lakes FL 85 Zip Code: 34639

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: Tammy Blankenship Northrup 3/15/95
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	~~PTD~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~BLANKENSHIP, JERRY~~	1.2 NAME	
STREET ADDRESS	~~6702 LAND O' LAKES BLVD.~~ DECEASED	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~LAND O' LAKES FL~~	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	P,D ☒ Change ☐ Addition
NAME	BLANKENSHIP, RANDY	2.2 NAME	Randy W. Blankenship
STREET ADDRESS	6702 LAND O' LAKES BLVD	2.3 STREET ADDRESS	6702 Land O' Lakes Blvd.
CITY-ST-ZIP	LAND O' LAKES FL	2.4 CITY-ST-ZIP	Land O' Lakes, FL 34639
TITLE	SD	3.1 TITLE	V,S,T,D ☒ Change ☐ Addition
NAME	BLANKENSHIP, TAMMY	3.2 NAME	Tammy Blankenship Northrup
STREET ADDRESS	18118 U.S. 41 N. #8C	3.3 STREET ADDRESS	6702 Land O' Lakes Blvd.
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	Land O' Lakes, FL 34639
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tammy Blankenship Northrup 3/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # (813)996-6144

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