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Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90020 012 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J14367

1. Corporation Name

BLANKENSHIP PEAT & POTTING SOIL, INC.

Principal Place of Business

6702 LAND O' LAKES BLVD.
PO BOX 69
LAND O' LAKES FL 34639

Mailing Address

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

4. FEI Number

59-2689976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NORTHROP, TAMMY BLANKENS
6702 LAND O' LAKES BLVD
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name Tammy Blankenship

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-19-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BLANKENSHIP, RANDY
STREET ADDRESS 6702 LAND O' LAKES BLVD
CITY-ST-ZIP LAND O' LAKES FL

TITLE VSTD
NAME BLANKENSHIP, TAMMY
STREET ADDRESS 6702 LAND O' LAKES BLVD.
CITY-ST-ZIP LAND O' LAKES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 12 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

Date

Daytime Phone #

5-19-99 (813) 796-6144

CR2E034 (11/98)

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