SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 24 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # J60133 BLARNEY STONE, INC. Principal Place of Business Mailing Address 107 CRISTINE CT. 107 CRISTINE ST. NICEVILLE FL 32578 NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1987 07/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2783084 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žιρ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent trudeau, bernard f jr. 81 Name 107 CRISTINE CT. 82 Street Address (P.O. Box Number is Not Acceptable) NICEVILLE FL 32578 83 84 City 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 forma. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia with, and accept the appointment of 507.0505. Florida Statutes. SIGNATUR (NOTE: Registared Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, (4/97)Change Addition TITLE DELETE 1.1 TITLE TRUDEAU, BERNARD F JR. NAME 1.2 NAME 107 CRISTINE CT. STREET ADDRESS 1.3 STREET ADDRESS NICEVILLE FL 1.4 CHY-ST-7/P CITY-ST-ZIP DELETE Change Addition TITLE 2.1 HTLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 1/11/2 Addition NAME 4. 2 NAME STREET ADDRESS 4.9 STREET ACORESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TO LE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 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 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or further 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.

FILED

810