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

Mailing Address

120 STATE MARKET ST.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K42698

1. Corporation Name

Principal Place of Business 120 STATE MARKET ST.

BLANTON & UNWIN RENTAL CO.

P. O. BOX 61 PAHOKEE FL 33476		P. O. BOX 61 PAHOKEE FL 33476						DO NOT WRITE	E IN THIS S	PACE	
PARONEE IE S	<del>54</del> 70	, Anon	EE 12 00410					3. Date Incorporated or Qualifed 11/01/1988		•	
2. Principal P	lace of Business	2a. Ma	iling Address		-			4. FEI Number			Applied For
21	26							65-0083260			Not Applicable
Suite, Apt.	Suite, Apt. #, etc. S			Suite, Apt. #, etc.				5: Certificate of Status Desired 5: Service Status Desired Fee Required			
City & Stat			ty & State	<del></del>				6. Election Campaign Financing			00 May Be
23	<del>o</del>	28	y a ololo					Trust Fund Contribution			ed to Fees
Zip	Country	Zip	)	Co	ountry	7	1.	8. This corporation owes the curren			
24	25	29		30				Personal Property Tax.		Yes	□No_
	9. Name and Address of Current	Registere	d Agent		<u> </u>	,		10. Name and Address of New Re	gistered A	gent _	
			•		81	Name					
UNWIN, JANICE					82	! Street /	Address	s (P.O. Box Number is Not Acceptable	le)		
	STATE MARKET ROAD										
PAH	OKEE FL 33476				83	<b>;</b>					
•	•				84	City		<del></del>		85 2	Zip Code
	to the provisions of Sections 607.0502					1			<u>FL</u>	1   _	
office or r	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. S ions of, Se	Such change w ction 607.0505	ras authoriz i, Florida Sta	ed by atutes	the corpo	orations	s board of directors. I nereby accept	TOATE	ment a	s registered
	Signature, typed or printed name of registered agent			NOTE: Register		nt signature re	required wh	ADDITIONS/CHANGES TO OFF		DIDEC	CTOPS IN 12
12.	OFFICERS AN	DIRECTO	DELET	13 E 11	TITLE		T	ADDITIONS/CHANGES TO OFFI		Chan	
TITLE	DP				NAME		1		•		
NAME	UNWIN, JANICE						1				
STREET ADDRESS	2031 BACOM POINT ROAD		_			TADORESS					
CITY-ST-ZIP	PAHOKEE FL		☐ DELET		CITY-S	ST-ZIP	<del> </del>			Chan	ge Addition
TITLE	STD		ריי מיייים								ا
NAME	UNWIN, ELAINE		•	I	NAME						1
STREET ADDRESS	2031 BACOM POINT ROAD					TADDRESS					
CITY-ST-ZIP	PAHOKEE FL		☐ DELET		TITLE	SI-ZP	<u> </u>		·	Char	ge Addition
TITLE	CD				NAME						
NAME	UNWIN, DAVID			•		· ·	İ				
STREET ADDRESS	2031 BACOM POINT ROAD					T ADDRESS					
CITY-ST-ZIP	PAHOKEE FL		☐ DELET		CITY-:	51-ZIP	<del> </del>			Char	ge 🗍 Addition
TITLE	•			1	NAME	,				_	ı _ [
NAME						T ADDRESS					
STREET ADDRESS					CITY-S						
TITLE		<del></del>	☐ DELET		TITLE	31-ZIP	<del>                                     </del>			☐ Char	ge
					NAME					_	
NAME STREET ADDRESS						TADORESS					ł
					CITY-S		1				}
CITY-ST-ZIP TITLE			☐ DELET		TITLE		<del> </del>			Char	ge Addition
NAME			<u> </u>	1	NAME						ļ
STREET ADDRESS				6.3	STREE	T ADDRESS	1				ľ
	•				CITY-S						
14. I hereby o	pertify that the information supplied wit	h this filina	does not quali	fy for the ex	cempt	tion stated	d in Sec	tion 119.07(3)(i), Florida Statutes. I fi	urther certi	fy that t	he information
indicated officer or	on this annual report or supplemental director of the corporation or the recei or Block 13 if changed, or on an attac	annual rep	ort is true and ee empowered	accurate ar I to execute	nd tha this i	at my sign: report as r	nature st required	hall have the same legal effect as it n	nade under	oatn; ti	natiam an

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90098 013 \*\*\*150.00