SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG 10 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06131 (1)

1. Corporation Name
BLIMPCO MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
18167 US HWY 19 N STE. 310 CLEARWATER FL 34624 US	18167 US HWY 19 N STE. 310 CLEARWATER FL 34624 US

3. Date Incorporated or Qualified: 08/02/1969
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business
21 15700 Gulf Blvd
22 Suite, Apt. #, etc.
23 City & State: Redington Bch, FL
24 Zip: 33708 25 Country: Pinellas

2a. Mailing Address
26 P. O. Box 8695
27 Suite, Apt. #, etc.
28 City & State: Madeira Beach, FL
29 Zip: 33738 30 Country: Pinellas

4. FEI Number: 59-2968140 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHRYOCK, BURTON L.
18167 US HWY 19 N
STE. 310
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 15700 Gulf Blvd
83
84 City: Redington Beach FL 85 Zip Code: 33708

11. Pursuant to the provisions of Sections 607.0503 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: Burton L Shryock DATE: 8/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SHRYOCK, BURTON L	1.2 NAME	
STREET ADDRESS	18167 US HWY 19 N, STE 310	1.3 STREET ADDRESS	15700 Gulf Blvd
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Redington Beach, FL 33708
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SHRYOCK, CHRIS	2.2 NAME	
STREET ADDRESS	18167 US HWY 19 N, STE. 310	2.3 STREET ADDRESS	15700 Gulf Blvd
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Redington Beach, FL 33708
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	

CR2E034 (3/95)

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 addition.

SIGNATURE: Burton L Shryock 8/4/95 813 319-0030
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0114101 CP