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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L41628

(3)

BLANDING AUTO SALES, INC.

Mailing Address

FILED Mar 06 1998 8:00am Secretary of State

	03 CASSAT AVENUE CKSONVILLE FL 32205		1403 CASSAT AVENUE JACKSONVILLE FL 32205		DO NOT WRITE IN THIS SPACE					
						3. Date incorporated or Qualified 01/04/1990				
2. F	Principal Place of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number	Applied For			
21		26				59-3001966	Not Applicable			
22	Sulte, Apt #, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State	City & State	City & State			B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Zip Country 25	Zφ 29	ր ՝ ├─ŋ ´			This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible Yes No			
	g, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent					
CLANCE, WAYNE D. 6353-2 ARGYLE FOREST BLVD JACKSONVILLE FL 32244					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City	FL	85 Zip Code			
44	Pursuant to the provisions of Sections 607 (1502 and 607 1508. Flo	rina Statutes, the a	hove	e-named corpc	retion submits this statement for the purpose of	f changing its registered			

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, typicd or printed name of registered agent and bitle if a policibite. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN										
TITLE	D	DELETE	1.1 TITLE		☐ Change	Addition						
NAME	SMITH, JONI SUZANNE		12 NAME									
STREET ADDRESS	5648 SHOREWOOD RD.		1.3 STHEET ADDRESS									
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP]						
TITLE	D	DELETE	2.1 TITLE		Change	Addition						
NAME	SMITH ROBERT L		2.2 NAME									
STREET ADORESS	5648 SHOREWOOD RD		2.3 STREET ADDRESS									
CITY-ST-ZIP	JACKSONVILLE F		2. 4 CITY-ST-ZIP									
	D	☐ DELETE	3.1 TITLE		☐ Change	Addition						
NAME	SMITH, SUDREY J.		3.2 NAME									
STREET ADDRESS	5648 SHOREWOOD RD		3.3 STREET ADDRESS									
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP									
TITLE		DEFE LE	4 1 TITLE		☐ Change	Addition						
NAME			4 2 NAME]						
STREET ADDRESS			4 3 STREET AODRESS									
CITY - ST - ZIP			4.4 CITY-ST-ZIP									
TITLE		☐ DELETE	5.1 TITLE		Change	Addition						
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS			1						
CITY-SI-ZIP			5.4 CITY-ST-ZIP									
TITLE	_	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition						
KAME			6 2 NAME									
STREET ADORESS			6.3 STREET ADDRESS									
CITY-ST-ZIP			64 CITY-ST-ZIP									

14. Thereby 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 of suppliemental 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 conforation 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 manged or on an attachment with an extense.

2.25-98 904388-8856