1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600002321

SPECIAL BLESSINGS, INC.

Principal Place of Business

Mailing Address

Aug 10, 1999 8:00 am § Secretary of State

08-10-1999 90013 028 ****61.25



22 WOODHOLLOW LANE PALM COAST FL 32164 22 WOODHOLLOW LANE PALM COAST FL 32164								
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			05/01/1996			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For	
22		27			59-3375873	Not	Applicable	
City & Stat	9	City & State			5. Certificate of Status Desired	\$8.75 A		
Zip	Country	Zip	Country	1	6. Election Campaign Financing	\$5.00	May Be	
24	25	29	30		Trust Fund Contribution	Added to	Fees_	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent		
			81	Name				
HAMII TON	N, CAROL A		82	Stroot Addr	ress (P.O. Box Number is Not Accepta	able)	——⊣	
	HOLLOW LANE		102 Street Add		1655 (F.O. BOX Mulliber is Not Acceptable)			
			83					
PALM CO	AST FL 32164					- 85 Zip C	`ada	
	·		84	1		FL!		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	i Florida. Such change was au	itnorizea dv	the corporation	ioration submits this statement for the on's board of directors. I hereby accept	or the appointment as reg	pistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:		nt signature require	ed when reinstating)	DATE	BO 11 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF			
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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 617, 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: