112

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000130142

1. Entity Name
BLITCHTON ROAD AMOCO, INC.

Principal Place of Business	Mailing Address
3760 NW BLITCHTON ROAD OCALA, FL 34475	3760 NW BLITCHTON ROAD OCALA, FL 34475

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10202004 REIN-P CR2E098 (6/04)
City & State	City & State	**4. FEI Number** 11-3667170 / Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ / **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERRY, CRAIG T 3760 NW BLITCHTON ROAD OCALA, FL 34475	Name JACK LEHEW Street Address (P.O. Box Number is Not Acceptable) 3820 NORTHDALE BLVD SUITE 205 D City TAMPA FL Zip Code 33624

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BERRY, CRAIG		NAME	900042166379	
STREET ADDRESS	11103 SW 122ND ST		STREET ADDRESS	10/25/04--01086--016 **150.00	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BERRY, PAUL		NAME		
STREET ADDRESS	11103 SW 122ND ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Craig Berry_   10-21-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

10/26

To Whom It May Concern

Will you please take our
ck for 150⁰⁰ for our corporation,
And please due away with the
fee's, we never got a statement
for us to pay the corporation fee.

Thank You