FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 APR 24 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25408 (6)

1. Corporate Name
MCDONNELL AND BLANKFARD, INCORPORATED

Principal Place of Business	Mailing Address
MCDONNELL INC. P.O. BOX 2011 JESSUP MD 20794	MCDONNELL INC. P.O. BOX 2011 JESSUP MD 20794

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1989
3a. Date of Last Report: 07/05/1994

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

4. FEI Number: 52-0906183 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDONNELL, JAMES E., II 1807 OCEAN DRIVE VERO BEACH FL 32963	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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: James E. McDonnell 4-20-95
(Address Registered Agent Signature Required When Reinstating) (NOTE: Registered Agent Signature Required When Reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	MCDONNELL, JAMES E., II	12 NAME	300001503553
STREET ADDRESS	MD WHOLESALE PRODUCE MKT	13 STREET ADDRESS	-06/01/95--01074--015
CITY ST ZIP	JESSUP MD	14 CITY ST ZIP	****200.00 ****200.00
TITLE	VD	21 TITLE	☑ Change ☐ Addition
NAME	MCDONNELL, THOMAS M	22 NAME	
STREET ADDRESS	MD WHOLESALE PRODUCE MKT	23 STREET ADDRESS	Delete
CITY ST ZIP	JESSUP MD	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MCDONNELL, JAMES E, III	32 NAME	
STREET ADDRESS	MD WHOLESALE PRODUCE MKT	33 STREET ADDRESS	
CITY ST ZIP	JESSUP MD	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	HINDSLEY, PAMELA M.	42 NAME	
STREET ADDRESS	MD WHOLESALE PRODUCE MKT	43 STREET ADDRESS	SD
CITY ST ZIP	JESSUP MD	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 above/on an attachment with an address.

SIGNATURE: Pamela M. Hindsley Pamela McDonnell Hindsley 4/20/95 (410) 799-7966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number
Corporate Secretary

0477338 FP