PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** P93000002793 (6)

1. Corporatio		0002700 (0)			•
STEPH	EN L. BLACKMORE COMP	ANY			
]] 5 5111 68 111 11814 18814 1 444 1444 1441
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		TI BBIOLOGIA DIRIT HORIB TRIBB TINI TORI
688 RUTA DE		P-Q 80X 1444			
APOPKA FL 32712 ANNA MARIA FL 34216				İ	
US US			DO NOT WRITE IN THIS SPACE		
		(Address Change)	Below)	3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	01/13/1993 4. FEI Number	Applied For
21 Same as above 26 688 Ruta D		a Arbol	65-0380304	Not Applicable	
		Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
22		27 Apopka, Fl	327/2	6. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	6. This corporation owes or has pai	
24	9. Name and Address of Curre		30 US	10. Name and Address of New Reg	
		ill riogratoroo Agont	81 Name	ID. Hallo and Address of Hew the	Jistored Agent
PLACEMENT SIPPRESCI				A No Change ress (P.O. Box Number is Not Acceptab	
688 RUTA DE ARBOL APOPKA FL 32712			82 Street Add	ress (P.O. Box Nümber is Not Acceptab	le)
A	UFRA FL 32/ 12	1*	83		
					
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statute	s, the above-named corp	poration submits this statement for the p	
office or r	egistored agent, or both, in the State on familia with and accordatate oblid	e of Florida. Such change was a patiens of, Section 607.0505. Flo	uthorized by the corporal orida Statutes. STERL	poration submits this statement for the p tion's board of directors. I hereby accep IEN L. BLACKMORF	t the appointment as registered
SIGNATURE	Minto J. Stal	REGIOTES AGE	NO CHAI	per //	14/98
	Sharine, Typed or print diffaire of registered as	you and life if applicable (NOTE	Registered Agent signature requi	red when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD PLACEMANDE OTERNALI	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLACKMORE, STEPHEN L	OK	1.2 NAME		
STREET ADDRESS	688 RUTA DE ARBOL APOPKA FL 327/2		1.3 STREET ADDRESS	N/A	
CITY-ST-ZIP TITLE	n	DELCTE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	STEPHEN L. BLACKMORE		2.2 NAME		
STREET ADDRESS	688 RUTA DE ARBOL	OK	23 STREET ADDRESS	N/A	
CITY-ST-ZIP	APOPKA FL 327/2		2. 4 CITY-ST-ZIP	,	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS	N/A		3.3 STREET ADDRESS	N/A	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 THTLE		Change Addition
KAME	N/A		4.2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS	LN/A	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	5.1 T(TLE		Change Addition
NAME	N/A		5.2 NAME		
STREET ADDRESS	-4 ,,		5.3 STREET ADDRESS	N/A	
CITY-ST-ZIP		T DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		The civilings The variation
NAME	N/A		6.2 NAME	22.62	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attagriment with an address. 1/14/1998 407 884-8882

Stephen L. Blackmore, Pres

Jan 14, 1998

FILED

Feb 12 1998 8:00am

Secretary of State