**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P93000021278 (5)**

1. Corporation Name

**CHRISTINE BAZEMORE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~6055 CR 675~~ | ~~6055 CR 675~~ |
| ~~BRADENTON FL 34207~~ | ~~BRADENTON FL 34207~~ |

3. Date Incorporated or Qualified: **03/19/1993**

3a. Date of Last Report: **07/13/1995**

2. Principal Place of Business
21: 6055 CR 675
Suite, Apt. #, etc.
22:
City & State
23: Myakka City, FL
Zip
24: 34251
25: County: USA

2a. Mailing Address
26: 6055 CR 675
Suite, Apt. #, etc.
27:
City & State
28: Myakka City, FL
Zip
29: 34251
30: County: USA

4. FEI Number: 65-0395045 ☐ 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

**WALKER, ADRON H**
~~602 11TH STREET WEST~~
~~BRADENTON FL 34205~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3119 Manatee Ave W.
83:
84 City: Bradenton FL 85 Zip Code: 34205

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of person signing, and capacity or title, if applicable) (Name of Registered Agent, typed or printed, if changed in this report) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BAZEMORE, CHRISTINE | | 1.2 NAME | | |
| STREET ADDRESS | RT 1 BOX 463 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MYAKKA CITY FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BAZEMORE, DAVID D | | 2.2 NAME | | |
| STREET ADDRESS | RT 1 BOX 463 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MYAKKA CITY FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☒ DELETE | 3.1 TITLE | S | ☐ Change ☒ Addition |
| NAME | ~~ALTMAN, LYNN~~ | | 3.2 NAME | Christine Bazemore | |
| STREET ADDRESS | ~~4520 37 ST E~~ | | 3.3 STREET ADDRESS | Rt. 1, Box 463 | |
| CITY-ST-ZIP | ~~BRADENTON FL~~ | | 3.4 CITY-ST-ZIP | Myakka City, FL | |
| TITLE | VP | ☐ DELETE | 4.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | Albritton, Clay P. | | 4.2 NAME | Albritton, Clay P. | |
| STREET ADDRESS | P.O. Box 100/9490 Wauchula Rd | | 4.3 STREET ADDRESS | P.O. Box 100/9490 Wauchula Rd | |
| CITY-ST-ZIP | Myakka City, FL | | 4.4 CITY-ST-ZIP | Myakka City, FL | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | Bazemore, Christine | | 5.2 NAME | Bazemore, Christine | |
| STREET ADDRESS | Rt. 1, Box 463 | | 5.3 STREET ADDRESS | Rt. 1, Box 463 | |
| CITY-ST-ZIP | Myakka City, FL | | 5.4 CITY-ST-ZIP | Myakka City, FL | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, 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 if changed, or on an attachment with an address.

**SIGNATURE:** Christine Bazemore President 6/4/96 941-322188

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