FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000041704 (6)

VOLUSIA BLUEPRINT & SUPPLY CO., INC.

Principal Place of Business		Mailing Address			a sodicada sun animo žisse mūšio dūšio dūšio dūšio dūšio linki sadai dūši dūši lūši		
808-C B VOLUSIA AVE ORANGE CITY FL 82763		908-C S VOLUSIA AVE ORANGE CITY FL 32763-6552					
	<u>. </u>				3. Date Incorporated or Qualified 06/11/1993	3a. Date of Las	• •
_ ''	lace of Business	2a. Mailing Address		4. FEI Number Applied For		Applied For	
Suite, Apt. #, etc.		26			59-3185908	Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
—		7 ₁ p	¬ ' '		8. This corporation has liability for intangible tax under s. 199,032,		
25 29 29 29 3. Name and Address of Current Registered A			30		Florida Statutes Yes No		
		it Registered Agent		1 Name	10. Name and Address of New Reg	lstered Agent	
BURNS, CHRISTOPHER S				Name			
	5 N LEAVITT AVE INGE CITY FL 32763		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
UN	UNGC CITT PL 32763		8:	3			
			84	1 City		FI 85 7	ip Code
SIGNATURE	m familiar with, and accept the obligation				poration submits this statement for the patients board of directors. I hereby acceptions when relistating)	the appointment	as registered
12.	OFFICERS AN		13.	geni aignaine raqu	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	D	DELETE	1.1 THE	<u> </u>		☐ Chang	
NAME	BURNS, CHRISTOPHER S		1.2 NAME				
STREET ADDRESS	2775 N LEAVITT AVE		1.3 STHE8	T ADDRESS			
CITY+ST-ZIP	ORANGE CITY FL		1.4 _. C(1Y-	S1-ZIP			
TITLE		☐ DELE1E				Chang	ge 🔲 Addition
NAME			22 NAME				
STREET ADDRESS				: LADDRESS			
CITY-ST-ZIP TITLE		DELETE	2 4 CHY 31 TITLE	· SI · ZIP		Chan	. T7 Addition
NAME		F-1 DULL	3 7 111LE 3 2 NAME			Chang	ge [_] Addilion
STREET ADDRESS			•	1 ADDRESS			
CITY-ST-ZIP			3 4, CITY				
TITLE	111/	☐ DELETE				Chang	ge [] Addition
NAME			4. 2 NAM	.			
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		DELFTE	5.1 TITLE			Chang	ge Addition
NAME			5.2:NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		Theres.	5.4 CITY-	S1 - ZIP			
TITLE		DELETE	6.1 TITLE			Chang	e 🔲 Addition

4. I do 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 to supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; if I am an officer or director of the consoliding or the recover 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, in operand tachment with an address.

6.2 NAME

0101147117

STREET ADDRESS

ZUSMS 4/23/97 GOV.715

FILED

May 06 1997 8:00am

Secretary of State