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ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:21

DOCUMENT # **P93000078884 (2)**

1. Corporation Name

THE BLOWERS CO., INC.

Principal Place of Business	Mailing Address
~~1506 S THIRD ST~~ → JACKSONVILLE BEACH FL 32250	1252 SOUTH ZEPHYR WAY JACKSONVILLE BEACH FL 32250 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1993
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business
21: 1506 Roberts Dr.
22 Suite, Apt. #, etc.:
23 City & State: Jacksonville Beach.
24 Zip: 32250
25 Country: Dunge

2a. Mailing Address
26: Same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-3208501 ☐ 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

JOHNSON, ELWIN B
1252 S ZEPHYR WAY
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

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.

Elwin Ben Johnson — June 26 95
SIGNATURE (Signature, typed or printed name of the current agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ELWIN B	12 NAME		
STREET ADDRESS	1252 S ZEPHYR WAY	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	14 CITY-ST-ZIP		
TITLE	VSTD	21 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, SHARRON A	22 NAME		
STREET ADDRESS	1252 S ZEPHYR WAY	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Elwin Ben Johnson — 6/26/95 — 904-241-0217
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #

0024666 CP