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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:25

DOCUMENT # P94000017905 (8)

1. Corporation Name
BLANTON MARKET, INC.

Principal Place of Business	Mailing Address
34301 BLANTON RD DADE CITY FL 33525	34301 BLANTON RD DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/08/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0474972 ☐ 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

FLANNERY, MARY L
34301 BLANTON RD
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name: MARY LOU FLANNERY
82 Street Address (P.O. Box Number is Not Acceptable): 34425 TRANQUIVIEW LANE - HOME
83: DADE City ,
84 City: FL 85 Zip Code: 33525

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FLANNERY, LONNIE L	1.2 NAME	
STREET ADDRESS	34425 TRANQUIVIEW LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FLANNERY, MARY L	2.2 NAME	
STREET ADDRESS	34425 TRANQUIVIEW LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	2.4 CITY-ST-ZIP	
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1-21-95

Dear Sir,

I am the current Registered Agent--

I filled out the New Registered Agent

by mistake - Box 10

Mary Lou Flannery

14. I do hereby certify that the information supplied with this filing complies with the requirements of Chapter 607, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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, with the appropriate block changed.

SIGNATURE: Mary Lou Flannery MARY LOU FLANNERY 1-21-95 904-591-3080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0288301 CP