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 # P94000024887

1. Corporation Name
BLOISE INC

Principal Place of Business	Mailing Address
5534 Hwy 17-92 N DAVENPORT, FL 33837	5534 Hwy 17-92 N DAVENPORT, FL 33837

3. Date Incorporated or Qualified: 3/28/94
3a. Date of Last Report:

2. Principal Place of Business
21: 5534 Hwy 17-92 N
Suite, Apt. #, etc. 22:
City & State 23: DAVENPORT FL
Zip 24: 33837 Country 25: POLK

2a. Mailing Address
26: 5534 Hwy 17-92 N
Suite, Apt. #, etc. 27:
City & State 28: DAVENPORT FL
Zip 29: 33837 Country 30: POLK

4. FEI Number: 59-3277296 ☐ 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

10. Name and Address of New Registered Agent
81 Name: SHERRY M. BLOISE
82 Street Address (P.O. Box Number is Not Acceptable): 5534 U.S. HIGHWAY 17-92 N.
83
84 City: DAVENPORT FL 85 Zip Code: 33837

11. Pursuant to the provisions of Sections 607.0502 and 607.150, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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: Sherry Bloise SHERRY M. BLOISE 5/20/96
(Signature of New Registered Agent, if changing) (Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, S, T, D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHERRY M BLOISE	1.2 NAME	
STREET ADDRESS	5534 Hwy 17-92 N	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	600001868876
STREET ADDRESS		5.3 STREET ADDRESS	-06/20/96--01021--039
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
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	

5-1-96

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: X Sherry Bloise March 29 96 941.4241820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)