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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035665 (6)

BLACKBERRY PATCH, INC.

## **FILED** Apr 10 1998 8:00am Secretary of State



							<b>                                    </b>		
Principal Plac	e of Business	<u> </u>	Mailing Address			// <b>48110 01118 01</b>			
ROUTE 7. BOX 918-C ROUTE 7. BOX 918-C TALLAHASSEE FL 32306 TALLAHASSEE FL 32306						DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 05/11/1994					
2. Principal P	lace of Busin	ess	2a. Mailing Address	2a. Mailing Address				[ Ap	oplied For
21 5773 VETERANS MEMORIAL DR			DR 26 5773 VETERAL	26 5773 VETERANS MEMORIAL DR				No	ot Applicable
Suite, Apt.	#, <b>e</b> tc.		Suite, Apt. #, etc.	27			Certificate of Status Desired S8.75 Additional Fee Required		
City & State			City & State	<b>├</b>			Election Campaign Financing \$5.00 May Be		
23 TALLAHASSEE			28 TALLAHASSEE			Trust Fund Contribution Added to Fe			
Zip	-	Country	Ζip	<b>⊢</b> –-,	•	8. This corporation owes or			
24 <u>323</u> 08		25 U.S.A	rrent Registered Agent	30 11.	S.A	Personal Property Tax du  10. Name and Address of N			<b>⊈</b> No
			Hent Hogistered Agent		81 Name	IV. Hallie alla Address Of th	ow Hogistered	ı wanır	
	JDD, GERAL DUTE 7, BO			ERALDINE					
	LLAHASSE			82 Street Add					
'^	ILLANASSEI	C FL 32300			83 VE	TERANS MEMORIAL 1	ж	<del></del> -	
,				[					
				84		ISSEE	Fl	L 85 Zip 6	Code
11 Pursuant	to the provisi	ons of Sections 607	0502 and 607.1508, Florida Statu	ites the at	ove-named corr	poration submits this statement for			
office or r	egistered ag	ent, or both, in the S	tate of Florida. Such change was	authorized	by the corporat	tion's board of directors. I hereby	/ accept the ap	pointment as	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 607/505, Florida Statutes.  SIGNATURE  GERALDINE RUDD, PRESIDENT  Storature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  OATE									
12.	Signature, typed		AND DIRECTORS	13.	Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO			00 IN 10
TITLE	P	OTTICENS	DELETE	1.1 Til	LF .	ADDITIONS/CHANGES TO	OFFICENS AN	Change	Addition
NAME	RUDD. (	GERALDINE C		1.2 NA					
STREET ADDRESS		7, BOX 918-C			REET ADDRESS				Í
CITY-ST-ZIP	1	ASSEE FL 32308			TY-ST-ZIP				
TITLE			☐ DELETE	2.1 TII		<del></del>		Change	Addition
NAME				2.2 NA	ME				
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CITY-ST-ZIP				2 4 Cf	TY-ST-ZIP				
TITLE	· <del></del>		☐ DELETE	3 1 TIT				Change	Addition
NAME				3.2 NA	ME				ſ
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CITY-ST-ZIP				3.4. 61	TY-ST-ZIP				
TITLE			☐ DELETE	4.1 3()	LE			Change	Addition
NAME				4 2 NA	AME				
STREET ADDRESS				4.3 ST	REET ADDRESS				
CITY-ST-ZIP				4.4 CIT	TY-ST-ZIP				
TITLE			☐ DELETE	5.1 TIT	LE			Change	Addition
NAME				5.2 NA	ME				
STREET ADDRESS				5 3 ST	REET ADDRESS				
CITY-ST-ZIP				5.4 Ci)	Y-S1-Z P				
TITLE			DELETE	6.1 TIT	LE			Change	Addition
NAME				6.2 NA	ME				
STREET ADDRESS				6.3 ST	REET ADDRESS				
CITY-ST-ZIP					Y-ST-ZIP				
14. I hereby o	ertify that the	information supplie	d with this filing does not qualify	for the exe	mption stated in	Section 119.07(3)(i), Florida Sta	utes. I further o	certify that the	information

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.