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

APPROVED AND FILED
95 APR 28 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061109 (2)**

1. Corporation Name
BLUE BLAZER, INC.

Principal Place of Business	Mailing Address
16626 N NEBRASKA AVE TAMPA FL	16626 N NEBRASKA AVE TAMPA FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report: 8- -94

2. Principal Place of Business
21 Jimmy 'O's
Suite, Apt. #, etc.
22 16411 N. FLORIDA AV.
City & State
23 LUTZ FL.
Zip 24 33549 Country 25 USA

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

4. FEI Number: 59-3264909 ☐ 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

7. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ODDO, JAMES
15105 N 20 ST
LUTZ FL

10. Name and Address of New Registered Agent

91 Name: JAMES A ODDO
92 Street Address (P.O. Box Number is Not Acceptable)
93: 15105 N. 20TH
94 City: LUTZ FL 95 Zip Code: 33549

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] PRESIDENT 4-25-95
Type or hand 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ODDO, JAMES	1.2 NAME		
STREET ADDRESS	15105 N 20 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ODDO, MARIA	2.2 NAME	ODDO, MARIA	
STREET ADDRESS	15105 N 20 ST	2.3 STREET ADDRESS	15105 N. 20TH	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	LUTZ, FL.	
TITLE	VD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	ROSENDE, ROBERT	3.2 NAME	LAUGLOIS, SIMONE	
STREET ADDRESS	801 STRAWBERRY LN	3.3 STREET ADDRESS	15105 N. 20TH	
CITY-ST-ZIP	BRANDON FL VOID	3.4 CITY-ST-ZIP	LUTZ, FL.	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: [signature] 4-25-95 813-960-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489109 IN