

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90014 040 \*\*\*150.00

**DOCUMENT # P95000044868**

1. Corporation Name

APOPKA BLIMPIE, INC.

Principal Place of Business

2434 EAST SEMORAN BLVD.  
APOPKA FL 32703

Mailing Address

POST OFFICE BOX 15110  
DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1995

4. FEI Number

59-3315506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROST, SCOTT R  
228 PARK AVE N  
SUITE B  
WINTER HAVEN FL 32789

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.

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 ☐ DELETE  
NAME EDWARDS, HOWARD KEAY  
STREET ADDRESS 2827 BALLARD AVENUE  
CITY-ST-ZIP ORLANDO FL 32833-4037

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME *PVP*  
1.3 STREET ADDRESS *Edwards, Howard Keay*  
1.4 CITY-ST-ZIP *2827 Ballard Avenue*  
*Orlando, FL 32833-4037*

TITLE D ☐ DELETE  
NAME EDWARDS, CAROL  
STREET ADDRESS 2827 BALLARD AVENUE  
CITY-ST-ZIP ORLANDO FL 32833-4037

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME *Edwards, Carol A.*  
2.3 STREET ADDRESS *2827 Ballard Avenue*  
2.4 CITY-ST-ZIP *Orlando, FL 32833-4037*

TITLE D ☒ DELETE  
NAME EDWARDS, HOWARD KEVIN  
STREET ADDRESS 2827 BALLARD AVENUE  
CITY-ST-ZIP ORLANDO FL 32833-4037

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE

*Howard Keay Edwards*

Date

Daytime Phone #

CR2E034 (11/98)