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 # **P95000062571 (1)**

1. Corporation Name
THE BLEND ZONE, INC.

Principal Place of Business
4059 7TH TERRACE SOUTH
ST. PETERSBURG FL 33711

Mailing Address
4059 7TH TERRACE SOUTH
ST. PETERSBURG FL 33711

3. Date Incorporated or Qualified: **08/14/1995**

3a. Date of Last Report: N/A

4. FEI Number: Fed 59-3329452 State 1527419 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business (21)

2a. Mailing Address (26): 2520 N CR 427

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27): 164

City & State (23)

City & State (28): Longwood, FL

Zip (24) Country (25)

Zip (29): 32750 Country (30)

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

MEIKLE, STEPHEN C
4059 7TH TERRACE SOUTH
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name: Stephen C Meikle

82 Street Address (P.O. Box Number is Not Acceptable): 2520 N CR 427

83: Ste 164

84 City: Longwood FL 85 Zip Code: 32750

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) — Title (if registered agent is not a natural person) — DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Brad Yerger	
STREET ADDRESS	4059 7th Terr, S.	
CITY-ST-ZIP	St Petersburg, FL 33711	
TITLE	~~Sec-Treas~~	☐ DELETE
NAME	Stephen C Meikle	
STREET ADDRESS	2520 N CR 427, Ste. 164	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	V-President	☐ DELETE
NAME	Thomas Scrupo	
STREET ADDRESS	4059 ~~N CR 427~~ 7th Terr, S	
CITY-ST-ZIP	St Petersburg, FL 33711	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: Stephen C. Meikle - Sec/Tres — 5-9-96 — (813) 260-0699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)