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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90028 012 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066931

1. Corporation Name

THE BLIND FACTORY OF CENTRAL FLORIDA INC.

Principal Place of Business

Mailing Address

3015 DUFF ROAD
LAKELAND FL

3015 DUFF ROAD
LAKELAND FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1995

4. FEI Number

59-3333392

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 5277 S. Florida Ave.

26 5277 S. Florida Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lakeland, FL

28 Lakeland, FL

Zip

Zip

Country

Country

24 33813

25

29 33813

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, BRAD A
7702 BRIAN LOOP
LAKELAND FL 33809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 except 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

TITLE P
NAME HALL, BRAD
STREET ADDRESS 7702 BRIAN LOOP
CITY-STATE-ZIP LAKELAND FL 33809

DELETE

TITLE V
NAME HALL, BETTY
STREET ADDRESS 7702 BRIAN LOOP
CITY-STATE-ZIP LAKELAND FL 33809

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty Jane Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Jane Hall 4/21/99 (941) 646-8891

Date

Daytime Phone #

CR2E034 (11/98)