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

BLAISE CHAPLOW, OWNER:

CIGNATUDE.

Mar 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P95000071860 (7) BLAISE AUTO DETAIL, INC. Mailing Address €5 GLADIOLA 655 GLADIOLA MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32852 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3338816 21 26 Not Applicable Suite, Apt. #, et \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & St 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered 10. Name and Address of New Registered Agent **B1** CHAPLOW, BLAISE N 655 GLADIOLA 82 Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32952** 83 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 72E034 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE CHAPLOW, BLAISE NAME 1.2 NAME 455 ISLAND BCH BLVD STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 anguled by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

3-01-98

407-455-2250

FILED