

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082356 (3)

1. Corporation Name

BLOCHER PUBLICATIONS, INC.



Principal Place of Business

Mailing Address

2016 ROOSEVELT DRIVE
KEY WEST FL 33040

2016 ROOSEVELT DRIVE
KEY WEST FL 33040

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2016 ROOSEVELT DR.

26 P.O. BOX 5413

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0619401

Applied For

Not Applicable

22 City & State

27 City & State

23 KEY WEST FL

28 KEY WEST FL

24 33040

25 MONROE

29 33045 5413

30 MONROE

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

BOHATCH, JOHN S ESO.
RICHMAN, GUTTENMACHER, BOHATCH & FUERST
19 W. FLAGLER STREET, 14TH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

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

~~TONIE M. BLOCHER~~ TONIE M. BLOCHER, DIRECTOR 8/5/96

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when re-issuing)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BLOCHER, TONIE M
2016 ROOSEVELT DRIVE
KEY WEST FL 33040

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BLOCHER, LAWRENCE D
2016 ROOSEVELT DRIVE
KEY WEST FL 33040

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONIE M. BLOCHER TONIE M. BLOCHER 8/5/96 395-0343

Date

Daytime Phone #

CR2E034 (3/96)