SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/198: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

ST AUGUSTINE FL FL 32086

SIGNATURE:

3545 YS 1 SOUTH



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthám

Secretary of State

DIVISION OF CORPORATIONS

DOCIMENT # P97000011526 (5)
BLESSINGS MANAGEMENT, INC.

Mailing Address 3545 YS 1 SOUTH

ST AUGUSTINE FL FL 32086

REINSTATEMENT

FILED

98 DEC 21 AM 10: 36

SECRETARY OF STATE	
TALLAHASSEE, FLORIDA	
E LANGUAGO DE IRRIGIDADE ANDIO ANGLE ANDIO CARRE MANDO DIRECTORIO	(1) (\$1)

Daytime Phone #

					Date Incorporated or Qualified 01/30/1997		
2 Principal	Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For			
21	Flace of pusiness	 			59-3423002 Not Applicable		
Suite, Ap	at # atc	Suite, Apt. #, etc.				8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & St	ate	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		
—, ^{Zip}	Country	Zip	· -		8. This corporation owes or has paid the current year Intangible		
24	25	29	30 Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Age	nt	
	ILEY, JOHN D JR			oi Name			
	O N PONCE DE LEON BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
ST	AUGUSTINE FL 32084						
				83			
				84 City	88	Zip Code	
				Ony	FL °	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 obligati	ions of, section 607.050	5, Flonida 8	atutes.	A D	1 Grad	
SIGNATUR	JOHN 9 BAILE	<u>v 24 </u>	Jak	U Mar	len 45 2/17/	' 48	
	Signature, typed or printed name of registered agent a			tered Agent signature req			
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICERS AND D	Charge Addition Addition Acceptable Addition Addition Acceptable Acceptable Addition Acceptable Acceptable Addition Acceptable Acceptable Acceptable Addition Acceptable Accepta	
TITLE	D	L DELET	E 1,1 T	TILE	<u></u>	Change Addition	
NAME	DIMARE, W F		1.2 8	IAME .		(//-) le	
STREET ADDRES			1.3 \$	TREET ADDRESS		X\/ \	
CITY-ST-ZIP	ST AUGUSTINE FL 32086		1.4 0	CITY-ST-ZIP		<u> </u>	
TITLE	D	DELET	2.17	me)		Change Addition	
NAME	WHETSTONE, HENRY M JR		2.2 N	AME .	9000027224394 -12/24/9801088017		
STREET ADDRES	s 6 COKE ROAD		2.3 8	TREET ADDRESS	-12/24/9801088017		
CITY-ST-ZIP	ST AUGUSTINE FL 32086		2.4 0	HY-ST-ZIP	****750.00	****750.00	
TITLE	D	DELETI	3.17	TLE		Change Addition	
NAME	NAPIER, WILLIAM C			IAME			
STREET ADORES	TOOL MANY OTHER		3.3 \$	TREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208		3.45	:nry-st-zip			
TITLE		DELET				Change Addition	
NAME			-	IAME		Steride TT Manage	
STREET ADDRES				TREET ADDRESS			
•	^ [TTY-ST-ZIP			
CITY-ST-ZIP		DELETI				Name Addition	
NAME		₹! DECE!!	5.2 N	1	L_1 (Change L! Addition	
STREET ADDRES	5		1	TREET ADDRESS	•		
CITY-ST-ZIP	 			ITY-ST-ZIP			
TITLE		L DELETI				Change Addition	
NAME			6.2 N	Į.			
STREET ADDRESS	3			TREET ADDRESS			
CITY-ST-ZIP	<u> </u>			HTY-ST-ZIP	# 440 07/0VD Fired- 04-1-1 15 10-1-2 17 17	I- F	
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 seceiver 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 altrachment with an address.							