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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024600 (3)

SUE BLANKINSHIP, INC.

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address N/O STEPHEN A BENNETT N/O STEPHEN A BENNETT 1505 N FLORIDA AVENUE 1505 N FLORIDA AVENUE DO NOT WRITE IN THIS SPACE TAMPA FL 33602 **TAMPA FL 33602** 3. Date Incorporated or Qualified 03/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 403 S. Manhattan 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 9 25 Hillsborns 29 9. Name and Address of Current Registered Agent Yes Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name BENNETT, STEPHEN A 1505 N FLORIDA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33602 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 ed when reinstating) Signature, typed or printed name of registerior agent and the if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition . TITLE 11 TITLE Blankinship NAME BENNETT, STEPHEN A 1.2 NAME 403 S. Manhattan STREET ADDRESS 1505 N FLORIDA AVE 1.3 STREET ADDRESS Tampa, PL 33609 **TAMPA FL 33601** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITI F 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-7IP DELETE Change Addition 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 ADORESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 ground 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 confuration of the product of the confuration of the confuratio