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

FILED
Jun 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000030929 (8)**

1. Corporation Name
FRANK BLADE, INC.

Principal Place of Business	Mailing Address
~~1800 N. PARSONS~~ ~~BRANDON FL 33510~~ 3781L S. Nova Rd Port Orange, FL 32129	~~P.O. BOX 848~~ ~~BRANDON FL 33509~~ PO Box 290844 Port Orange, FL 32129
2. Principal Place of Business	2a. Mailing Address
21 3781L. S. Nova Rd	26 P.O. Box 290844
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port Orange, FL	City & State 28 Port Orange, FL
Zip 24 32129 Country 25 Volusia	Zip 29 32129 Country 30 Volusia

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1997

4. FEI Number: 59-343 8876 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, JOSEPH
101 E KENNEDY BLVD
SUITE 2560
TAMPA FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ODIORNE, GEORGE H JR	1.2 NAME	
STREET ADDRESS	[redacted] 900 Oak Hollow Pl	1.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted] Brandon, FL 33510	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ODIORNE, THOMAS W 1113 Belledonna Dr	2.2 NAME	
STREET ADDRESS	[redacted]	2.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted] Brandon, FL 33510	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ODIORNE, ROBERT SCOTT Apt #1903	3.2 NAME	
STREET ADDRESS	[redacted] 1010 Swallowtail Dr	3.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted] Port Orange, FL 32119	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ODIORNE, PATRICIA L 1010 Swallow Tail Dr	4.2 NAME	
STREET ADDRESS	[redacted] Apt #1903	4.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted] Port Orange FL 32119	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	PD000250701 -06/22/98--01003--041 ***550.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph A Garcia 5-26-98 904-304-6838