

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90189 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091250

1. Corporation Name
BLOTTS II, INC.

Principal Place of Business
**5509 W IRL O BRONSN MEM HIGHWAY
KISSIMMEE FL 34746**

Mailing Address
**5509 W IRL O BRONSN MEM HIGHWAY
KISSIMMEE FL 34746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1997

2. Principal Place of Business
21 5463 W. Irl O Bronsn Mem. Hwy.

2a. Mailing Address
26 2758 Park Royal Drive

4. FEI Number
59-3475150

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

City & State
23 Kissimmee, FL

City & State
28 Windermere, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

Zip Country
24 32741 25 Osceola

Zip Country
29 34786 30 USA

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PETERSON, ROBERT D
1508 SACKETT CIR
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name **Robert D. Peterson**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2758 Park Royal Drive**
84 City **Windermere** **FL** 85 Zip Code **34786**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	PETERSON, ROBERT D	1508 SACKETT CIR	ORLANDO FL 32818	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
		2758 Park Royal Drive	Windermere, FL 34786	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered

SIGNATURE:

Robert D. Peterson Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)