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FILED
May 05 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 # P97000099491 (7)

1. Corporation Name

UNCONTAINABLE BLESSINGS, INC.



Principal Place of Business

POST OFFICE BOX 151614
TAMPA FL 33684

Mailing Address

POST OFFICE BOX 151614
TAMPA FL 33684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

2. Principal Place of Business

2a. Mailing Address

Box 152433

4. FEI Number

59-3483868

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29 33684-2433

30

US

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

10. Name and Address of New Registered Agent

OHALL, CARL J. ESQ.
300 S. HYDE PARK AVENUE
SUITE 270
TAMPA FL 33606

81 Name OHALL, CARL J. ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

305 S. BREVARD AVE., SUITE 1

83

84 City TAMPA

FL

85 Zip Code 33606

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

2-6-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LAGENBACH, CHARLENE
STREET ADDRESS POST OFFICE BOX 151614 N/A
CITY-ST-ZIP TAMPA FL 33684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Charlene M. Lagenbach, CPA
April 28, 1998 (813) 931-1800

CR2E034 (10/97)