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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105923 (1)

BLEWS & RITCHIE, INC.

Principal Place of Business		Mailing Address	<del> </del>						
726 11TH AVENUE. W. PALMETTO FL 34221		726 11TH AVENUE, W. PALMETTO FL 34221			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  . 12/16/1997				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip	Co	untry		4. FEI Number  6. Certificate of Status Desired  7. Trust Fund Contribution  8. This corporation owes or has paid the current year Inlangible			
24 25		29	30			Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent				81	Mana	10. Name and Address of New Registered Agent			
BLEWS, PETER W 726 1 TH AVENUE, W. PALMETTO FL 34221				82					
		84			City	FL 85 Zip Code			

			84 City	F	<b>85</b> 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 Signature, typed or printed native of registered against and title of applicable. (NOTE: Registered Agent signature required when reinstating). OATE											
12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	PSD	☐ DELETE	11 TITLE	ADDITIONAL TO OFFICE IN	Change	☐ Addition					
NAME	RITCHIE, CYNTHIA D		1 2 NAME		- •	_					
STREET ADDRESS	726 11TH AVENUE, W.		1.3 STREET ADDRESS								
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-ST-ZIP			ŀ					
TITLE	<b>V</b> PTD	☐ DELETE	21 TITLE		Change	Addition					
NAME	<b>B</b> LEWS, PETER W		2.2 NAME								
STREET ADDRESS	726 11TH AVENUE, W.		2.3 STREET ADDRESS			l					
CITY-ST-ZIP	PALMETTO FL 34221		2. 4 CITY - ST+ ZIP			[					
TITLE	2	☐ DELET <b>e</b>	3.1 TITLE		Change	Addition					
NAME			3.2 NAME								
STREET ADDRESS	<del>2</del> •		3.3 STREET ADDRESS								
CITY - ST - ZIP			3.4. CITY - ST - ZIP								
TITLE	•	☐ DELETE	4.1 TITLE		Change	☐ Addition					
NAME	ì		4. 2 NAME								
STREET ADDRESS	F.		4.3 STREET ADDRESS								
CITY-ST-ZIP		<del></del>	4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	5.1 TITLE		Change	Addition					
NAME	<u>:</u> <del>-</del>		5.2 NAME		•	15					
STREET ADDRESS	<b>∳</b> ≟		5.3 STREET ADDRESS		•	العاردة					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP			Le: 12					
TITLE	<del></del>	☐ DELETE	6.1 TITLE	4000025604	Change	Addition					
NAME			6.2 NAME	-06/16/98010310	TT HÇ						
STREET ADDRESS	<b>#</b>		6.3 STREET ADDRESS	***150,00	110	Ī					
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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 and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trusted impowered 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

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**FILED** 

Jun 15 1998 8:00am

Secretary of State

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