SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S89333 (6)

1. Corporation Name

BLANCHARD COLLATERAL & RECOVERY, INC.

Principal Place of Business	Mailing Address
12508 RAWHIDE DRIVE TAMPA FL 33626	12508 RAWHIDE DRIVE TAMPA FL 33626

3. Date Incorporated or Qualified: 10/23/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3090341 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 1479 S. Greenwood Ave.	26 1479 S. Greenwood Ave.
Suite, Apt #, etc.: 22 Suite B	Suite, Apt #, etc.: 27 Suite B
City & State: 23 Clearwater, FL.	City & State: 28 Clearwater, FL.
Zip: 24 34616 Country: 25 Pinellas	Zip: 29 34616 Country: 30 Pinellas

9. Name and Address of Current Registered Agent

BLANCHARD, ELMER R.
12508 RAWHIDE DRIVE
TAMPA FL 33626

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 Elmer Blanchard — 7/23/96 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	VD ☑ Change ☐ Addition
NAME	BLANCHARD, ELMER R.	1.2 NAME	Blanchard, Elmer R.
STREET ADDRESS	12508 RAWHIDE DRIVE	1.3 STREET ADDRESS	1479 S. Greenwood Ave.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Clearwater, FL. 34616
TITLE	P ☐ DELETE	2.1 TITLE	P ☑ Change ☐ Addition
NAME	BLANCHARD, JASON A.	2.2 NAME	Blanchard, Jason A.
STREET ADDRESS	12508 RAWHIDE DRIVE	2.3 STREET ADDRESS	1479 S. Greenwood Ave.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Clearwater, FL. 34616
TITLE	ST ☐ DELETE	3.1 TITLE	ST ☑ Change ☐ Addition
NAME	BLANCHARD, MICHELLE D.	3.2 NAME	Blanchard, Michelle D.
STREET ADDRESS	12508 RAWHIDE DRIVE	3.3 STREET ADDRESS	205 11th Ave. N
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Indian Rocks Beach, FL. 33785
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elmer Blanchard — 7/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)