FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

SEC[illegible] 0:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V47026** **(2)**

1. Corporation Name:
BLUE RUN GARAGE, INC.

Principal Place of Business	Mailing Address
11180 SW 107TH STREET DUNNELLON, LF 32630	11180 SW 107TH STREET DUNNELLON, LF 32630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1992**
3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business
21: 920 SW CR 484-
22 Suite, Apt. #, etc:
23 City & State: OCALA, FL.
24 Zip: 34481
25 County: MARION

2a. Mailing Address
26
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: **59-3142104** ☐ 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

9. Name and Address of Current Registered Agent

STEPHENS, DAVID D
11180 SW 107TH STREET
DUNNELLON FL 32630

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 607.0505 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: [illegible] (If Changing Registered Agent, Registered Agent Must Sign Above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PST	1 TITLE	☐ Change ☐ Addition
1 NAME	STEPHENS, DAVID D	1 NAME	
1 STREET ADDRESS	11180 SW 107TH STREET	1 STREET ADDRESS	
1 CITY ST ZIP	DUNNELLON FL	1 CITY ST ZIP	
2 TITLE	D	2 TITLE	☐ Change ☐ Addition
2 NAME	STEPHENS, DAVID D	2 NAME	
2 STREET ADDRESS	11180 SW 107TH STREET	2 STREET ADDRESS	
2 CITY ST ZIP	DUNNELLON FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. Under penalties of perjury, I certify that the information supplied with this report is 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 I am familiar with the provisions of Chapter 607, Florida Statutes, and that the corporation is filing this report in accordance with applicable law.

SIGNATURE: David D. Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
Date

904-854-6110
Daytime Phone #

0413166 FP