FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # **V47026**

(2)

BLUE RUN GARAGE, INC.

Principal Place of Business Mairing Address 9200 SW CR 494 11180 SW 107TH STREET											
OCALA FL 344			LLON. LF 32630								
US							!	3. Date Incorporated or Qualified 06/25/1992	3a. Date	5/01/19	95
2. Principal Plac	e of Business	2a. Mailing	g Address					4. FEI Number			Applied For
21	50 C. D 5017555	26	-					59-3142104			Not Applicable
Suite, Apt. #,	, etc.	Suite,	Apt. #, etc.					5. Certificate of Status Desired		-	Additional Required
22		City &	State					6. Election Campaign Financing		\$5.0	0 May Be
City & State		28						Trust Fund Contribution			d to Fees
Zip	Country	Zip		C⊙	untry			8. This corporation has liability for Florida Statutes Yes	intangible ta : No	x under s	199.032,
24	25 g. Name and Address of Curren	29 t Registered (Agent	1301	Τ			10. Name and Address of New F	Registered a	Agent	
	9. Name and Address of Correl	it negistered i	· goin		81	Name	3				
QTEDIE:	NS. DAVID D				82	Street	Addres	SS (P.O. Box Number is Not Acceptate	ble)		
	W 107TH STREET										
	LON FL 32630				83						
					84	City			FL	85 Z	ip Code
			CELL DISTA	a don ob		pomod.	oornora	tion submits this statement for the pu	rroose of cha	anging its	registered office
familiar with	h, and accept the obligations of, Sections of, Sections, Sections, Special of the section of the	lian 607.0505, i) (NC		ed Ager			when reinstating! ADDITIONS/CHANGES TO OF	DATE		
12.	PST OFFICERS AN	ID DIRECTORS	DELETE	_	TITLE		٦		[Change	☐ Addition
1IILE	STEPHENS, DAVID D			1.2	NAME						
NAME STREET ADDRESS	11180 SW 107TH STREET			1.3	STREE	T ADDRES	s				
CITY-ST-ZIP	DUNNELLON FL			1.4	CITY-:	ST-ZIP					
TITLE	D		DELETE	2. 1	TITLE				ı	☐ Change	Addition
NAME	STEPHENS, DAVID D			2.2	NAME						
STREET ADDRESS	11180 SW 107TH STREET					T ADDRES	s]				
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CITY-ST-ZIP				4.4	1 CITY-	- \$T - ZIP					
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NAME				5.3	2 NAME	E					
STREET ADDRESS				5.3	3 STREI	ET ADDRE	ss				
CITY-ST-ZIP						- ST - ZIP				[] Chang	e 🔲 Addition
TITLE			DELETE	6	1 TITU	E				الماله ال	- D Addition

64 CITY-S1-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 certify 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.

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 Date

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Daytime Phone #

:R2E034 (12/95)