2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **V71278** May 04, 2000 8:00 am Secretary of State 1. Entity Name BLANTON'S HEDGING & TOPPING SERVICE, INC. 05-04-2000 90169 012 ***150.00 Principal Place of Business Mailing Address 786 42ND AVE 786 42ND AVE. VERO BEACH FL 32968-1134 VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0366363 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANTON, BENNY B. Street Address (P.O. Box Number is Not Acceptable) 786 42ND AVE. VERO BEACH FL 32968 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Change □ Delete TITLE BLANTON, BENNY B. NAME NAME 786 42ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Addition ☐ Delete Change TITLE TITLE BLANTON, GLINDA S. NAME 786 42ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH FL CITY-ST-ZIP ☐ Change · 🔲 Addition TITLE ☐ Delete BLANTON, JAMES LEON NAME NAME 2626 97TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BLANTON, DEAN A. NAME NAME 230 28TH STREET SW STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BEANY BEAND OF SIGNING OFFICER OR DIRECTO

4-22-00

Daytime Phone