

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

**APPROVED  
AND  
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05 MAY -1 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **487281** (8)

1. Corporation Name  
**BLACKBURN PROPERTIES, INC.**

Principal Place of Business: **205 E. CHURCH ST. CHIPLEY FL 32428**  
Mailing Address: **205 E. CHURCH ST. CHIPLEY FL 32428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1975**  
3a. Date of Last Report: **03/17/1994**

4. FEI Number: **59-1804151**  
Applied For:  Yes  No

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
22. State, Apt. #, etc.: **27**  
23. City & State: **28**  
24. Zip: **29**

**9. Name and Address of Current Registered Agent**

**GILMORE, MARGARET G.  
ROUTE 5, BOX 698  
CHIPLEY FL 32428**

**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 607.0902 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above named address both in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment of registered agent, firm, family wife, and accept the obligations of Section 607.0902, Florida Statutes.

SIGNATURE

(Print name of person filing report and title, if applicable)

(Print name and address of registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS ONLY	
12a. TITLE	VD	13.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. NAME	BLACKBURN, J.O., JR.	13.2. NAME	
12c. STREET ADDRESS	1513 COMBS DRIVE	13.3. STREET ADDRESS	
12d. CITY & STATE	TALLAHASSEE FL	13.4. CITY & STATE	
12e. TITLE	SD	13.5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f. NAME	GRACE, MIRIAM B.	13.6. NAME	
12g. STREET ADDRESS	HUNTER CIRCLE, DRAWER 69	13.7. STREET ADDRESS	
12h. CITY & STATE	PORT ST. JOE FL	13.8. CITY & STATE	
12i. TITLE	TD	13.9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j. NAME	GILMORE, MARGARET G.	13.10. NAME	
12k. STREET ADDRESS	RT. 5 BOX 698	13.11. STREET ADDRESS	
12l. CITY & STATE	CHIPLEY FL	13.12. CITY & STATE	
12m. TITLE	PD	13.13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12n. NAME	GRANT, CHARLES	13.14. NAME	
12o. STREET ADDRESS	205 E. CHURCH	13.15. STREET ADDRESS	
12p. CITY & STATE	CHIPLEY FL	13.16. CITY & STATE	
12q. TITLE		13.17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12r. NAME		13.18. NAME	
12s. STREET ADDRESS		13.19. STREET ADDRESS	
12t. CITY & STATE		13.20. CITY & STATE	
12u. TITLE		13.21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12v. NAME		13.22. NAME	
12w. STREET ADDRESS		13.23. STREET ADDRESS	
12x. CITY & STATE		13.24. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally, for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information is included on the annual report or supplementary annual report of this corporation and that my signature shall be on the same legal effect as if made in person with that corporation or on behalf of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 1, or Block 11 if changed, on an attached with an address.

SIGNATURE: *Margaret G. Gilmore*  
PRINTED NAME OF SIGNING OFFICER ON ORIGINAL

4-29-95 (904) 638-4875