

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 487281 (8)  
1. Corporation Name  
**BLACKBURN PROPERTIES, INC.**



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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**10/07/1975 05/01/1995**  
4. FCI Number Applied For  
**59-1804151** 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  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, J.O., JR.	2. NAME	
STREET ADDRESS	1513 COMBS DRIVE	3. STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	4. CITY - ST - ZIP	
TITLE	SD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, MIRIAM B.	6. NAME	
STREET ADDRESS	HUNTER CIRCLE, DRAWER 69	7. STREET ADDRESS	
CITY - ST - ZIP	PORT ST. JOE FL	8. CITY - ST - ZIP	
TITLE	TD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, MARGARET G.	10. NAME	
STREET ADDRESS	RT. 5 BOX 698	11. STREET ADDRESS	
CITY - ST - ZIP	CHIPLEY FL	12. CITY - ST - ZIP	
TITLE	PD	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, CHARLES	14. NAME	
STREET ADDRESS	205 E. CHURCH	15. STREET ADDRESS	
CITY - ST - ZIP	CHIPLEY FL	16. CITY - ST - ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Gilmore* 3-29-96 904-638-1340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Margaret G. Gilmore - Treasurer

CR2E034 (12/95)