

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **623471** (0)
1. Corporation Name
BLACKWELL & ASSOCIATES LAND SURVEYORS, INC.



Principal Place of Business 1495 S VOLUSIA AVENUE (327637030) P.O. BOX 741013 ORANGE CITY FL 32774-8013	Mailing Address 1495 S VOLUSIA AVENUE (327637030) P.O. BOX 741013 ORANGE CITY FL 32774-1013
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2. Principal Place of Business 21 995 W. Volusia Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 995 W. Volusia Avenue Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/31/1979	3a. Date of Last Report 03/12/1996
22 City & State 23 DeLand, FL		27 City & State 28 DeLand, FL		4. FEI Number 59-1892363	Applied For Not Applicable
24 Zip 32720		29 Zip 32720		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BLACKWELL, RALPH E. 1495 S VOLUSIA AVENUE ORANGE CITY FL 32763-4030				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

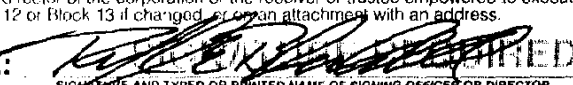
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 995 W. Volusia Avenue 83 84 City DeLand, FL 85 Zip Code 32720			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, RALPH E	1.2 NAME	
STREET ADDRESS	245 N STONE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	AT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, CONSTANCE F	2.2 NAME	
STREET ADDRESS	245 N STONE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:  **Ralph E. Blackwell** 3/5/97 904-734-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #