

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 995 W. VOLUSIA AVE. P.O. BOX 741013 DELAND FL 32720 US	Mailing Address 995 W. VOLUSIA AVE. P.O. BOX 741013 DELAND FL 32720 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 995 W. Volusia Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 995 W. Volusia Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/31/1979	
22 City & State 23 DeLand, FL		27 City & State 28 DeLand, FL		4. FEI Number 59-1892363	
24 Zip 32720		25 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26 Zip 32720		27 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
28 Zip 32720		29 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent BLACKWELL, RALPH E. 995 W. VOLUSIA AVE. DELAND FL 32720		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		FL	

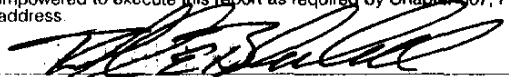
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	BLACKWELL, RALPH E	1.2 NAME	
STREET ADDRESS	245 N STONE ST	1.3 STREET ADDRESS	2996 North Shell Road
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	AT	2.1 TITLE	☒ Change ☐ Addition
NAME	BLACKWELL, CONSTANCE F	2.2 NAME	
STREET ADDRESS	245 N STONE ST	2.3 STREET ADDRESS	2996 North Shell Road
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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

 3/16/98

CR2E034 (10/97)