

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K55062** (9)  
1. Corporation Name  
**BLAKE AND ASSOCIATES, INC.**



Principal Place of Business  
**13889 WELLINGTON TRACE BAY A-7  
WELLINGTON FL 33414**

Mailing Address  
**13889 WELLINGTON TRACE BAY A-7  
WELLINGTON FL 33414**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1988</b>	3a. Date of Last Report <b>06/22/1995</b>
21		26		4. FEI Number <b>65-0100106</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
25		30			

9. Name and Address of Current Registered Agent

**DRAKE, PATRICIA W.  
13889 WELLINGTON TRACE A-7  
WELLINGTON FL 33414**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, JAMES E.</b>	1.2 NAME	
STREET ADDRESS	<b>1930 STAMFORD CIRCLE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>W. PALM BEACH FL</b>	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAKE, PATRICIA W.</b>	2.2 NAME	
STREET ADDRESS	<b>1072 SUMMERWOOD CIRCLE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>W PALM BEACH FL</b>	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, PAMELA A.</b>	3.2 NAME	
STREET ADDRESS	<b>1930 STAMFORD CIRCLE</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>W. PALM BEACH FL</b>	3.4 CITY- ST- ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAKE, THOMAS J.</b>	4.2 NAME	
STREET ADDRESS	<b>1072 SUMMERWOOD CIRCLE</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>W PALM BEACH FL</b>	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **THOMAS J. DRAKE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-23-96**  
Date

**793-9110**  
Daytime Phone #

CR2E034 (12/95)