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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P94000074686 (4)

BLACKWELL THOMPSON INCORPORATED

| Principal Place of Business | Mailing Address |
|-----------------------------|-------------------------|
| 1805 YATES DRIVE | 1805 YATES DRIVE |
| MERRITT ISLAND FL 32952 | MERRITT ISLAND FL 32952 |

2a. Mailing Address

Suite, Apt. #, etc

FILED May 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8,75 Additional

Not Applicable

 Date Incorporated or Qualified 10/07/1994

59-3273736

5. Certificate of Status Desired

4. FEI Number

| 22 | | [27] | [27] | | | | | | | 700110 | quilou | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------|-------------|----------------|----------------------------------------------------|-----------------|------------------------------------------------------------------------------------|------------------|--------------|----------|------------|--|
| 23 | & State | 28 | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | | |
| Z ₁ p | Country | Zip | L | Country | | | | ation owes or ha | · · | | - · | |
| 24 | 25 | | 30 | <u>o </u> | | | | operty Tax due | | |] No | |
| | g, Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | | | |
| | THOMPSON, RICHARD A | | | 81 | Na | ame | | | | | | |
| 1605 YATES DRIVE MERRITT ISLAND FL 32952 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | | | | | | | | |
| | | | | 63 | ĺ | | | | | | | |
| | | | | 84 | Cit | h ₁ | | | | 85 Zip (| Code | |
| | | | | | " | ·y | | | 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. | | | | | | | | | | | | |
| SIGNA | TURE Signature, typed or printed name of register | red agent and title if applica | ble [NO1£ F | legistered Age | ent sign | nature required | when re-instating) | | DATE | | | |
| 12. | | S AND DIRECTORS | | 13. | | | ADDITIONS/ | CHANGES TO C | OFFICERS AND | DIRECTOR | S IN 12 | |
| TITLE | PT | | DELETE | 1.1 TITLE | | | | | | Change | ☐ Addition | |
| NAME | BLACKWELL-THOMPSO | N,JC. | | 1.2 NAME | | | | | | | i | |
| STREET | | | | 1.3 STREET | ADDR | ESS | | | | | 1 | |
| CITY-ST | ZIP MERRITT ISLAND FL. | | | 1.4 CITY-S | T-ZIP | | | | | | | |
| TITLE | VP | | DELETE | 21 TITLE | | | | | | Change | Addition | |
| NAME | THOMPSON, RICHAR A | | | 22 NAME | | İ | | | | | } | |
| STREET | DORESS 1505 YATES DRIVE | | | 2 3 STREET | ADDR | ESS | | - | | | ļ | |
| CITY-ST | ZIP MERRITT ISLAND FL | | | 2. 4 CITY-5 | ST-ZiP | · _[| | | | | | |
| TITLE | | | DEFELE | 3.1 TITLE | | | | | | Change | Addition | |
| NAME | | | | 3.2 NAME | | | | | | | | |
| STREET | DORESS | | | 3.3 STREET | ADDR | ESS | | | | | ì | |
| CITY-ST | 2IP | | | 3.4. CITY-5 | ST-ZIP | | | | | | | |
| TITLE | | | □ DELÉTE | 4.1 TITLE | | | | | | Change | ☐ Addition | |
| NAME | | | | 4 2 NAME | | i | | | | | ł | |
| STREET | DORESS | | | 4.3 STREET | ADDR | ESS | | | | | | |
| CITY-ST | ZIP _ | | | 4.4 CITY - S | T-ZIP | | | | | | | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | | | | | | Change | ☐ Addition | |
| NAME | ļ | | | 5.2 NAME | | l l | | | | | l | |
| STREET | DORESS | | ł | 5.3 STREET | AODA | FSS | | | | | ĺ | |
| CITY-ST | ZIP | | | 5.4 City-S | T-ZIP | | | | | | | |
| TITLE | (| | ☐ DELETE | 6.1 TITLE | | ļ | | | | ☐ Change | Addition | |
| NAME | | | i | 62 NAME | | | | | | | | |
| STREET A | DORESS | | | 6.3 STREET | ADDAI | FSS | | | | | Í | |
| CITY-ST | | | | 6.4 City - S | | | | | | | | |
| 14. Thereby 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 suppliemental 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 of 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 altachment with an address | | | | | | | | | | | | |
| Block 12 or Block 13 if changed, or on an altachment with an address SIGNATURE: QC. Blockwell Hompison 4.26.98 454-3868 | | | | | | | | | | | | |