

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

FILED
May 19 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 # P96000052885 (6)

1. Corporation Name
BLACKMAN PAINTING, INC.

Principal Place of Business
~~3429 SE 4th Ave~~ 3429 SE 4th Ave
OCALA FL 34478

Mailing Address
P O BOX 4442
OCALA FL 34478-4442



2. Principal Place of Business
21 ~~3429 SE 4th Ave~~ 3429 SE 4th Ave
Suite, Apt. #, etc.
22
City & State
23 Ocala FL
Zip
24 34478
Country
25 USA

2a. Mailing Address
26 P.O. Box 4442
Suite, Apt. #, etc.
27
City & State
28 Ocala, FL
Zip
29 34478
Country
30 USA

3. Date Incorporated or Qualified
06/15/1996
3a. Date of Last Report
4. FEI Number
59-3387010
Applied For
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
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BLACKMAN, ANGELA R
2477 NE 4th St
OCALA FL 34478

10. Name and Address of New Registered Agent
81 Name
Blackman Angela R.
82 Street Address (P.O. Box Number is Not Acceptable)
~~2477 NE 4th St~~ 3429 SE 4th Ave
83
84 City
Ocala
FL 85 Zip Code
34478

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 *Angela R. Blackman* Angela R. Blackman - Agent 5/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKMAN, DAVID S	
STREET ADDRESS	P O BOX #4442 N/A	
CITY-ST-ZIP	OCALA FL 33478	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKMAN, ANGELA R	
STREET ADDRESS	P O BOX #4442	
CITY-ST-ZIP	OCALA FL 34478	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *David S. Blackman* David S. Blackman - Agent 5/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)