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

Mailing Address

DOCUMENT # P96000090397 (6)

BLAKE & COMPANY, C.P.A.S, P.A.

Principal Place of Business

FILED

% CHARLES 102 W. WHITI TAMPA FL 33	ing street. Suite 600		% CHARLES C. BLAKE. III 102 W. WHITING STREET. SUITE 600 TAMPA FL 33602-5140						
						3. Date Incorporated or Qualified 11/04/1996	1	te of Las	t Report
2. Principa' Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
2126						59-3403737	73 7 Not Applicable		
Suite. Apt	# etc	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zip				Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No No			
	9, Name and Address of Cu					10. Name and Address of New Re			
RI	AKE, CHARLES C III		8	11	Name			- T	······································
102 W. WHITING STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
	ITTE 600 MPA FL 33602		8	13	7/7/15				
			8	14	City		FL	85 Z	p Code
agent. I	am familiar with, and accept the of				signature requi	red when reinstating)	DATE		
12.	OFFICERS	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12
TITLE	DIPITIS	, T, S □ DELETE		11 TITLE				Chang	e Additio
NAME	BLAKE, CHARLES C III		1.2 NAM	1E					
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CITY-SI-ZIP	TAMPA FL 33602		1.4 DITY	- ST -	ZIP		····		
THLE		☐ DELETE	21 TITL	E				Chang	je 🔲 Additio
NAME			2.2 NAM	E					
STREET AODRESS			2.3 STRE	ET AL	DDRESS				
CITY-ST-ZIP				2. 4 CITY - ST - ZIP				-	F 1
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NAME			3.2 NAM						
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CITY - ST - ZIP			6.4 C(T)						

14. I do hereby certify that the information supplied with this hing 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

CHARLES C. BLANE DE

1/16/57

813-221-2331