

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

FILED

Jan 22, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-22-1999 90013 009 ****150.00

DOCUMENT # P97000073279

1. Corporation Name
BLANKENSHIP LAW FIRM, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1474 SOUTH THIRD ST. JACKSONVILLE BEACH FL 32250
Mailing Address: 1474 SOUTH THIRD ST. JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified: 08/27/1997
4. FEI Number: 59-3471530
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: BLANKENSHIP, KIMBERLY A, 1474 SOUTH THIRD ST., JACKSONVILLE BEACH FL 32250
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like name, title, and address.

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...

SIGNATURE: [Signature] 1-8-99 904-270-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)