

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000017986

**Entity Name:** BLACKMAN MILLER INC.

**Current Principal Place of Business:**

20439 AUTUMN FERN AVE.  
TAMPA, FL 33647

**Current Mailing Address:**

20439 AUTUMN FERN AVE.  
TAMPA, FL 33647

**FEI Number: 82-4566063**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BLACKMAN, KEITH  
20439 AUTUMN FERN AVE.  
TAMPA, FL 33647 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BLACKMAN, SHELDON  
Address 20439 AUTUMN FERN AVE.  
City-State-Zip: TAMPA FL 33647

Title D  
Name MITCHELL, PATRICIA  
Address 20439 AUTUMN FERN AVE.  
City-State-Zip: TAMPA FL 33647

Title D  
Name MITCHELL, GUY  
Address 20439 AUTUMN FERN AVE.  
City-State-Zip: TAMPA FL 33647

Title TSD  
Name BLACKMAN, KEITH  
Address 20439 AUTUMN FERN AVE.  
City-State-Zip: TAMPA FL 33647

Title D  
Name WARNER, SHEILA  
Address 20439 AUTUMN FERN AVE.  
City-State-Zip: TAMPA FL 33647

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KEITH BLACKMAN**

**MANAGER**

**02/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date