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Corporation Report and Tax Return
filed 6-10-60

3 pgs.

No. A-65770-I

Tax for Years

1959, 1960

CORPORATION REPORT AND
TAX RETURN OF

Black and
Associates, Inc.

P. O. ADDRESS _____

(Do not write below this line)

Filed in the office of the Secretary of State of
the State of Florida, this _____

day of _____

A. D. 19 _____

Secretary of State.

Corporation Report and Tax Return

to the

Secretary of State of Florida

as required by Chapter 608, Florida Statutes

Date Rec. JUN 1 9 1960

Amt. Rec. 20

Make check payable and mail to Secretary of State, Tallahassee, Florida. This report is due on or before July 1st of each year.

1. NAME Black and Associates, Inc.
Give correct name
2. ADDRESS _____
of the principal place of business (Town) (County)
3. ADDRESS _____
where receipt for this payment is to be mailed
4. NAME OF RESIDENT AGENT _____ ADDRESS _____
5. NAMES AND ADDRESSES OF OFFICERS:

NAME	TITLE	ADDRESS
6. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)

NAME	ADDRESS

CAPITAL STOCK STATEMENT

7. Total AUTHORIZED Capital Stock:
 - _____ Shares of par value of \$ _____ each.
 - _____ Shares without nominal or par value.
- OUTSTANDING Capital Stock
8. _____ Shares of the par value of \$ _____ each, \$ _____
- _____ Shares without nominal or par value (actual) \$ _____
- Total OUTSTANDING capital stock \$ _____

NO PAR value shares are presumed to have a value of at least \$100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.
Only one (1) report necessary where more than one (1) year's tax is paid at the time of filing.

9. Date of last meeting of Directors _____
 Is corporation active? _____ If inactive, state how long _____
 Is the purpose of the corporation to begin business in the future? _____
10. We the undersigned, certify the above statement of facts to be true and correct as shown by our books.

(Corporate Seal)

Attest: _____
By President or V-President Secretary

11. General nature of business engaged in _____
12. Date incorporated _____

STATE OF FLORIDA
COUNTY OF _____

Personally appeared before me _____ who deposes and says that he executed this certificate for and in behalf of said corporation and that the statements herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this _____ day of _____ 19 _____

(Notary Seal)

Signature of Officer taking acknowledgment

ORIGINAL. Tear apart. Send in only the original. Keep COPY for your files.

PLEASE PRINT OR TYPE AND IT IS DESIRABLE THAT EACH APPLICABLE QUESTION BE ANSWERED.