

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

FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 466520

(4)

1. Corporation Name:

W.S. BLACK, COMPANY, INC.



Principal Place of Business

C/O WILLIAM S. BLACK, JR.
350 MYRTICE AVE., #C
MERRITT ISLAND FL 32853

Mailing Address

C/O WILLIAM S. BLACK, JR.
350 MYRTICE AVE., #C
MERRITT ISLAND FL 32853-4725

3. Date Incorporated or Qualified

01/01/1975

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1564811

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BLACK, WILLIAM S., JR.
350 MYRTICE AVE., #C
MERRITT ISLAND FL 32853

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BLACK, WILLIAM S., JR.
STREET ADDRESS 355 HUNT AVE
CITY- ST- ZIP MERRITT ISL FL

☐ DELETE

TITLE VP
NAME SHARPLESS, MICHAEL R.
STREET ADDRESS 1103 MITCHELL STREET
CITY- ST- ZIP COCOA FL

☐ DELETE

TITLE VP
NAME ECKELBERRY, RORY K.
STREET ADDRESS 5221 SANBOURNE STREET
CITY- ST- ZIP COCOA FL

☐ DELETE

TITLE STD
NAME COBB, JODY BLACK
STREET ADDRESS 2410 N. TROPICAL TRAIL
CITY- ST- ZIP MERRITT ISLAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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: Jody Black Cobb JODY BLACK COBB

2/27/97

407-452-5114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)