

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

95 MAY -1 AM 8:28

DOCUMENT # **521596**

(7)

1. Corporation Name

BLAKE'S PRINTING SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3025 44TH AVENUE NORTH ST. PETERSBURG FL 33714	3025 44TH AVENUE NORTH ST. PETERSBURG FL 33714

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 State Apt. # etc	26 State Apt. # etc	01/05/1977	04/04/1994
22 City & State	27 City & State	4. FEI Number	Applied For
23	28	59-1712475	Not Applicable
24	25	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
29	30	8. This corporation has liability for intangible tax under § 199.04, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIS, EARL B. 3025 44TH AVENUE NORTH ST. PETERSBURG FL 33714		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 607.1610 and 607.1609, 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 607.1609, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
12-1 NAME	PS DAVIS, EARL B. 3025 44TH AVE. NORTH ST. PETERSBURG FL	13-1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 STREET ADDRESS		13-2 STREET ADDRESS	
12-3 CITY & STATE		13-3 CITY & STATE	
12-4 NAME	VT O'KRENT, OLA D 3025 44TH AVE. NORTH ST. PETERSBURG FL	13-4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 STREET ADDRESS		13-5 STREET ADDRESS	
12-6 CITY & STATE		13-6 CITY & STATE	
12-7 NAME		13-7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8 STREET ADDRESS		13-8 STREET ADDRESS	
12-9 CITY & STATE		13-9 CITY & STATE	
12-10 NAME		13-10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 STREET ADDRESS		13-11 STREET ADDRESS	
12-12 CITY & STATE		13-12 CITY & STATE	
12-13 NAME		13-13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-14 STREET ADDRESS		13-14 STREET ADDRESS	
12-15 CITY & STATE		13-15 CITY & STATE	

14. I declare by certifying that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 133.041, 133.042, Florida Statutes. I further certify that the information included 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 appointed to administer the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Earl B. Davis* Vice President/Treasurer 4/26/95 (813) 527-6656
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR