

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 677730 (4)

1. Corporation Name

CHARLES C. BLALOCK, DDS, P.A.



Principal Place of Business

1204 NORTH CENTER STREET
C/O CHARLES C. BLALOCK
PERRY FL 32347-2038

Mailing Address

1204 NORTH CENTER STREET
C/O CHARLES C. BLALOCK
PERRY FL 32347-2038

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

BLALOCK, CHARLES C.
1204 NORTH CENTER STREET
PERRY FL

3. Date Incorporated or Qualified

07/07/1980

3a. Date of Last Report

01/24/1995

4. FEI Number

59-1990367

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

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 607.0602 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 of person who is changing office or agent, or both)

(Signature of Agent, if agent is not the same person)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

BLALOCK, CHARLES C.

STREET ADDRESS

1204 NORTH CENTER ST

CITY-STATE-ZIP

PERRY FL

TITLE

SD

☐ DELETE

NAME

BLALOCK, JERELDA R.

STREET ADDRESS

1204 NORTH CENTER ST

CITY-STATE-ZIP

PERRY FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a receiver, 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:

Charles C. Blalock
CHARLES C. BLALOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

EXPIRATION DATE

CR2E034 (12/95)