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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

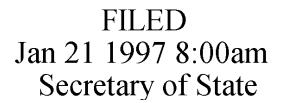
1997 DOCUMENT # F41819

(6)

BLAKEWOOD EQUIPMENT SALES, INCORPORATED

	Place of Business
2373 SW	ARCHER ROAD

Mailing Address





2373 SW ARCH GAINESVILLE F		2373 SW ARCHER RO GAINESVILLE FL 3260				2 Date Incorporated a Qualities	3a. Da	to cé!	not Do	ood.	
						3. Date Incorporated or Qualified 08/24/1981	ite of L 24/19		OUIL		
2. Principal Pla	2a. Mailing Address				4. FEI Number		<u> </u>		lied For		
21		26				59-2121802			Not	Applicable	
Suite, Apt. (#, etc.	Suite, Apt #, etc.	·			5. Certificate of Status Desired	SR 75 Additions				
City & State 23	9	├──¬ ´				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30	Country 8. This corporation has liability for intangible tax unde Florida Statutes Yes \(\sum \) No					der s.	199.032,	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered /	Agent	···		
BLA	Kewood, Stephen W			81	Name						
3235 SW 62ND LANE Gainesville FL 32608				82	Street Add	ress (P.O. Box Number is Not Acceptable)					
				83			-				
				84	City		FL	65	Zip C	ode	
agent Lai	og stered agent, ör both, in the Stat in familiar with, and accept the oble Signifier, tyled or priffed mane of register (%)	gations of, Section 607.0505	, Florida Stat	utes	S	ition's board of directors. I hereby acceptions are a second acceptions are a second acception and a second acception are a second acception as a second acception are a second acception as a second acception acception are a second acception as a second acception acc	DATE_	ointme	ni as r	egistered 	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	_			
TITLE	PT	☐ DELETE	1.1 (1)	TLE				L Ch	ange	Addition	
NAME	Blakewood, Stephen W		1.2 NA	AME							
STREET ADDRESS	3235 SW 62ND LANE		1.3 \$T	REET	ADDRESS						
CITY - ST - ZIP	GAINESVILLE FL 32608	DELETE			iT-ZIP			T 6.		Addition	
THILE	VPS	☐ DELETE	2 1 TII		-			L Ch	ange	LT MOUITOR	
NAME CEUEET ADDOCCO	Blakewood, sally k 3235 SW 62ND Lane		2.2 N/		ADDDCCC						
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NAME		<u>—</u>	6.2 N					-	-	•	
STREET ACORESS					T ADDRESS						
CHTY+ST-ZIP					ST - ZIP						

14. I do hereby certify that the vitornation 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 d changed, or on an attachment with an address.

SIGNATURE:

Short Bureauson 1/12/19 352-375-6101