

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90094 028 ***150.00

DOCUMENT # F43712

1. Corporation Name

FRANK E. BLACKMAN, P.A.

Principal Place of Business

1820 NORTHWEST 46TH STREET
GAINESVILLE FL 32605

Mailing Address

1820 NORTHWEST 46TH STREET
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1981

4. FEI Number
59-2127297

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8705 SW 197 CT RD
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2755
Suite, Apt. #, etc.

City & State

23 DUNNELLON, FL

City & State

28 DUNNELLON, FL

Zip Country

24 34432 25

Zip Country

29 34432 30

9. Name and Address of Current Registered Agent

WILHITE, ALAN ESQ.
912 NORTHEAST 2ND STREET
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81 Name RICHARD A. STEBBINS

82 Street Address (P.O. Box Number is Not Acceptable)
8705 SW 197 CT RD.

83

84 City DUNNELLON

85 Zip Code FL 34432

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

Richard A. Stebbins
Signature, typed or printed name of registered agent and title if applicable.

RICHARD A STEBBINS

MAR 31, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BLACKMAN, FRANK E.
STREET ADDRESS 1820 N.W. 46TH STREET
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8705 SW 197 CT RD

1.4 CITY-ST-ZIP DUNNELLON, FL 34432

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 31, 1999 PRES

CR2E034 (1/98)

0051914