

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

APPROVED  
AND  
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95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F94000002051 (0)**  
1. Corporation Name  
**BLACKBURN RELOCATION SPECIALIST, INC.**

Principal Place of Business: **1838 Seagrave St.**  
S. DAYTONA FL 32119

Mailing Address: **1838 Seagrave St.**  
S. DAYTONA FL 32119

2. Principal Place of Business: **1838 Seagrave St**  
22. Suite, Apt. #, etc.

2a. Mailing Address: **1838 Seagrave St.**  
27. Suite, Apt. #, etc.

23. City & State: **S. Daytona FL.**  
28. City & State: **S. Daytona FL.**

24. Zip: **32119** 25. County: **Volusia** 29. Zip: **32119** 30. County: **Volusia**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1994** 3a. Date of Last Report

4. FEI Number: **APPLIED FOR 59-3195062** Applied For:  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. The corporation has liability for intangible tax under § 102.002, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code: **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN SR, JOHN H	1.2 NAME	
STREET ADDRESS	2032 S. RIDGEWOOD AVE. #4	1.3 STREET ADDRESS	
CITY, ST, ZIP	S. DAYTONA FL	1.4 CITY, ST, ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, DEBORAH	2.2 NAME	
STREET ADDRESS	2032 S. RIDGEWOOD AVE. #4	2.3 STREET ADDRESS	
CITY, ST, ZIP	S. DAYTONA FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

REMITTED BY MAY 1

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(1)(b), 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: *Deborah Blackburn* *Deborah Blackburn* 4/28/95 (904) 761-8181

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR