FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:24

DOCUMENT # G24943 (4)

1. Corporation Name
ROBERT BLAIKIE & SONS, INC.

Principal Place of Business	Mailing Address
1800 EAST AVENUE NORTH ~~P. O. BOX 12127~~ SARASOTA FL ~~34278-0127~~	1800 EAST AVENUE NORTH ~~P. O. BOX 12127~~ SARASOTA FL ~~34278-0127~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1983
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34234 Country 25: USA	Zip 29: 34234 Country 30: USA

4. FEI Number: 59-2310241 ☐ 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

9. Name and Address of Current Registered Agent

BLAIKIE, MICHAEL B.
1800 EAST AVENUE NORTH
SARASOTA FL 34234

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 607.0502 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BLAIKIE, ROBERT P	12 NAME	
STREET ADDRESS	7121 WESTMORELAND DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	BLAIKIE, MARGUERITE M	22 NAME	
STREET ADDRESS	7121 WESTMORELAND DR.	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	VPAD	31 TITLE	☐ Change ☐ Addition
NAME	BLAIKIE, MICHAEL B	32 NAME	
STREET ADDRESS	12001 BACKWATER ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	VPMD	41 TITLE	☐ Change ☐ Addition
NAME	BLAIKIE, ROBERT W, JR	42 NAME	
STREET ADDRESS	4490 OAKVIEW DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BLAIKIE, DENNIS, B.,	52 NAME	
STREET ADDRESS	8444 PALM LINKS COURT	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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.

SIGNATURE: [signature] B Blaikie V.P. OF ADMINISTRATION 01/09/95 (813) 366-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0456048 FP