FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G24943** **(4)**

1. Corporate Name

ROBERT BLAIKIE & SONS, INC.

Principal Place of Business	Mailing Address
1800 EAST AVENUE NORTH SARASOTA FL 34234 US	1800 EAST AVENUE NORTH SARASOTA FL 34234 US

3. Date Incorporated or Qualified: **02/22/1983**

3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City, & State — 23:
Zip — 24: **34234-7670** Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City, & State — 28:
Zip — 29: **34234-7670** Country — 30:

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: **34234-7670**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 I 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	DP	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	BLAIKIE, ROBERT P		2 NAME		
STREET ADDRESS	7121 WESTMORELAND DR.		3 STREET ADDRESS		
CITY, ST, ZIP	SARASOTA FL		4 CITY, ST, ZIP		
TITLE	STD	☐ DELETE	2 TITLE		☐ Change ☐ Addition
NAME	BLAIKIE, MARGUERITE M		2 NAME		
STREET ADDRESS	7121 WESTMORELAND DR.		3 STREET ADDRESS		
CITY, ST, ZIP	SARASOTA FL		4 CITY, ST, ZIP		
TITLE	VPAD	☐ DELETE	3 TITLE		☐ Change ☐ Addition
NAME	BLAIKIE, MICHAEL B		3 NAME		
STREET ADDRESS	12001 BACKWATER ROAD		3 STREET ADDRESS		
CITY, ST, ZIP	SARASOTA FL		4 CITY, ST, ZIP		
TITLE	VPMD	☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME	BLAIKIE, ROBERT W, JR		4 NAME		
STREET ADDRESS	4490 OAKVIEW DRIVE		4 STREET ADDRESS		
CITY, ST, ZIP	SARASOTA FL		4 CITY, ST, ZIP		
TITLE	D	☐ DELETE	5 TITLE	VICE PRESIDENT OF SALES	☒ Change ☐ Addition
NAME	BLAIKIE, DENNIS, B.,		5 NAME		
STREET ADDRESS	8444 PALM LINKS COURT		5 STREET ADDRESS		
CITY, ST, ZIP	SARASOTA FL		5 CITY, ST, ZIP		
TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY, ST, ZIP			6 CITY, ST, ZIP		

CR2E034 (12/95)

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 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: Michael B. Blaikie — MICHAEL B. BLAIKIE — 01/19/1996 — 941 366-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #