

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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G24943** (4)  
1. Corporation Name  
**ROBERT BLAIKIE & SONS, INC.**

Principal Place of Business <b>1800 EAST AVENUE NORTH SARASOTA FL 34234-7670 US</b>	Mailing Address <b>1800 EAST AVENUE NORTH SARASOTA FL 34234-7670 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>P.O. BOX 10355</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. BOX 10355</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/22/1983</b>	
22 City & State 23 <b>SARASOTA FLORIDA</b> Zip Country 24 <b>34278-0355</b> 25 <b>USA</b>		27 City & State 28 <b>SARASOTA FLORIDA</b> Zip Country 29 <b>34278-0355</b> 30		4. FEI Number <b>59-2310241</b> Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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)	<b>12001 BACKWATER ROAD</b>
83	
84 City	<b>SARASOTA</b>
85 Zip Code	<b>FL 34240</b>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>BLAIKIE, ROBERT P</b>	
STREET ADDRESS	<b>7121 WESTMORELAND DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>BLAIKIE, MARGUERITE M</b>	
STREET ADDRESS	<b>7121 WESTMORELAND DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	VPAD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLAIKIE, MICHAEL B</b>	
STREET ADDRESS	<b>12001 BACKWATER ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	VPMD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLAIKIE, ROBERT W, JR</b>	
STREET ADDRESS	<b>4490 OAKVIEW DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLAIKIE, DENNIS, B.</b>	
STREET ADDRESS	<b>8444 PALM LINKS COURT</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE **Michael B. Blaikie**

01/23/98 941-378-9840

CR2E034 (10/97)