

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G76333** (5)
 1. Corporation Name
THOMAS B. BLACKWOOD, P.A.



Principal Place of Business: **3046 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461**
 Mailing Address: **3046 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461**

3. Date Incorporated or Qualified: **12/22/1983**
 3a. Date of Last Report: **08/07/1995**
 4. FEI Number: **59-2358864**
 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

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

9. Name and Address of Current Registered Agent
**BLACKWOOD, THOMAS B.
 3046 SOUTH CONGRESS AVENUE
 LAKE WORTH FL 33461**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent signed as representative of corporation) _____ Date: _____

12. OFFICERS AND DIRECTORS
 TITLE: DELETE
 NAME: **DP BLACKWOOD, THOMAS B.**
 STREET ADDRESS: **3046 S CONGRESS AVE**
 CITY-ST-ZIP: **LAKE WORTH FL**
 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
 Change Addition
 11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP
 Change Addition
 21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP
 Change Addition
 31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP
 Change Addition
 41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP
 Change Addition
 51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP
 Change Addition
 61 TITLE
 62 NAME
 63 STREET ADDRESS
 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Blackwood* **Thomas Blackwood** 8/6/96 (501) 965-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)