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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H15338** **(7)**

1. Corporation Name
BLACKBURN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
504 FLURNOY CIRCLE ATMORE AL 36502	P.O. BOX 872 ATMORE AL 36504-0872

3. Date Incorporated or Qualified: 08/06/1984
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business
21 106 Cloverdale Rd.
Suite, Apt. #, etc.: 22
City & State: 23 Atmore, Alabama
Zip: 24 36502 Country: 25 Escambia

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

4. FEI Number: 59-2452701 ☐ 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
CRISWELL, GWENDOLYN LEE
8607 BELLEVISTA
TAMPA FL 33635

10. Name and Address of New Registered Agent
81 Name: KENNAN G. DANDAR
82 Street Address (P.O. Box Number is Not Acceptable): 1009 North O'Brien Street
83
84 City: Tampa FL 85 Zip Code: 33607

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: Ken Dandar (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-22-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	BLACKBURN, JERRY		12 NAME		
STREET ADDRESS	504 FLURNOY CIRCLE		13 STREET ADDRESS	106 Cloverdale Rd.	
CITY-ST-ZIP	ATMORE AL 36502		14 CITY-ST-ZIP	Atmore, AL 36502	
TITLE	ST	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	BLACKBURN, SHEILA J		22 NAME		
STREET ADDRESS	504 FLURNOY CIRCLE		23 STREET ADDRESS	106 Cloverale Rd.	
CITY-ST-ZIP	ATMORE AL 36502		24 CITY-ST-ZIP	Atmore, AL 36502	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Jerry Blackburn Sheila J Blackburn 4-15-97 334-368-2451