

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 # H74125 (6)

1. Corporation Name

BLAKE, TORRES & MULLER, P.A



Principal Place of Business

Mailing Address

~~500 S US 1~~
~~THE STRANGE BLDG~~
~~FT PIERCE FL 34950~~
~~US~~

BOX 3269
FT PIERCE FL 34948

3. Date Incorporated or Qualified
09/03/1985

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 423 Delaware Ave.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Pierce, FL

28 City & State

24 Zip Country

29 Zip Country

34948

30

4. FEI Number
59-2576597

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

10. Name and Address of New Registered Agent

TORRES, JUAN F., III
2318 ATLANTIC BEACH BLVD
FT PIERCE FL 34949

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

423 Delaware Ave

83

84 City

Ft. Pierce

FL

85 Zip Code

34948

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, type the printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BLAKE, GLENN M.
STREET ADDRESS
1575-48TH AVE
CITY-ST-ZIP
VERO BEACH FL

TITLE ☐ DELETE

NAME
TORRES, JUAN F., III
STREET ADDRESS
2801-J NORTH AIA
CITY-ST-ZIP
FT PIERCE FL

TITLE ☐ DELETE

NAME
MULLER, GEORGE H
STREET ADDRESS
500 SO. US HIGHWAY #1
CITY-ST-ZIP
FT PIERCE FL 34950

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Glenn M. Blake Vice-Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96
Date

407-464-8008
Daytime Phone #

CR2E034 (12/95)