

L07000002973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 20 AM 10:15

B. Tadlock OCT 20 2008

let



October 14, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to request an officer name change from Eileen G. Blocker or Eileen Blocker to **Eileen Blocker Milam** for the following corporations:

1. Coastal Food Brokers, Inc.
Document Number: P08000085937
FEI Number: None
2. Magnolia Referrals, Inc.
Document Number: P98000084492
FEI Number: 593652223
3. Magnolia Properties of Jacksonville, Inc.
Document Number: P96000032578
FEI Number: 593375409
4. The Title Company of Jacksonville, Inc.
Document Number: P02000045618
FEI Number: 043652154
5. Angelworks of Jacksonville, Inc.
Document Number: N97000006547
FEI Number: 593477539
6. Magnolia Construction of Jacksonville, Inc.
Document Number: P07000022202
FEI Number: 208497841
7. Blocker Rental Management, LLC
Document Number: L07000002973
FEI Number: 208185496

I have enclosed a copy of my marriage certificate as well as the documents of each corporation. If you have any question, please feel free to contact me at (904) 348-5665 or my assistant, Monique, at (904) 821-3083.

Thank you,


Eileen Blocker Milam
Broker

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORDTYPE IN UPPER CASE
USE BLACK INKThis license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Recorded (STATE FILE NUMBER)

Records 10/02/2008 at

09:31 AM OR Book 14655

Page 1233, Instrument #

2008251310,

Jim Fuller Clerk of the

Circuit Court

Duval County, FL

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) JACK RALPH MILAM JR			2. DATE OF BIRTH (Month, Day, Year) [REDACTED]		
3a. RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE		3b. COUNTY DUVAL	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) [REDACTED]	
5a. BRIDE'S NAME (First, Middle, Last) EILEEN GALVIN BLOCKER			5b. MAIDEN SURNAME (If different) [REDACTED]		6. DATE OF BIRTH (Month, Day, Year) [REDACTED]
7a. RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE		7b. COUNTY DUVAL	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) [REDACTED]	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

[Signature]

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

09/05/2008

11. TITLE OF OFFICIAL

DEPUTY CLERK

Jack Ralph Milam Jr

12. SIGNATURE OF OFFICIAL (Use black ink)

[Signature]

13. SIGNATURE OF BRIDE (Sign full name using black ink)

[Signature]

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

09/05/2008

15. TITLE OF OFFICIAL

DEPUTY CLERK

Eileen Galvin Blocker

16. SIGNATURE OF OFFICIAL (Use black ink)

[Signature]

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE

DUVAL

18. DATE LICENSE ISSUED

[REDACTED]

19a. DATE LICENSE EFFECTIVE

[REDACTED]

19. EXPIRATION DATE

[REDACTED]

20a. SIGNATURE OF COURT CLERK OR JUDGE JIM FULLER

[Signature]

20b. TITLE

CLERK OF CIRCUIT COURT

20c. BY D.C.

LLB

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)

September 26, 2008

22. CITY, TOWN, OR LOCATION OF MARRIAGE

Jacksonville Beach

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

[Signature]

23b. ADDRESS (Of person performing ceremony)

PO Box 16441 Jacksonville, FL 32245

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (For notary stamp)

Rev. Dr. John L. Oliver

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

[Signature]

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

[Signature]

SEAL

VITAL STATISTICS INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED						
GROOM	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
	[REDACTED]	[REDACTED]	[REDACTED]	29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
BRIDE	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
	[REDACTED]	[REDACTED]	[REDACTED]	33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)

FL DEPT OF STATE

3/20/2008 07:48 850-245-6897

STATE OF FLORIDA
DUVAL COUNTY
I, THE UNDERSIGNED Clerk of the Circuit Court, Duval County
Florida, DO HEREBY CERTIFY the within and foregoing is a true
and correct copy of the original as it appears on record and file
in the office of the Clerk of Circuit Court of Duval County, Florida
WITNESS my hand and seal of day of March A.D., 2008
JIM FULLER
Clerk, Circuit and County Court,
Duval County, Florida
By [Signature]
Florida Clerk

