

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 # **L30306** (9)

1. Corporation Name

BLAKESLEE DESIGN ASSOCIATES, INC.



Principal Place of Business

Mailing Address

201 E PINE STR
440
ORLANDO FL 32801
US

201 E PINE STR
440
ORLANDO FL 32801
US

3. Date Incorporated or Qualified

11/15/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2976330

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 **1217-B N. Orange Ave**

Suite, Apt. #, etc.

22 City & State

23 **Orlando, Fla**

Zip

24 **32804**

Country

25

2a. Mailing Address

26 **1217-B N. Orange Ave**

Suite, Apt. #, etc.

27 City & State

28 **Orlando, Florida**

Zip

29 **32804**

Country

30

9. Name and Address of Current Registered Agent

**BLAKESLEE, ROBERT L.
201 E. PINE STREET
SUITE 310
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

BLAKESLEE, ROBERT L.

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

1217-B N. Orange Avenue

83

84 City

Orlando

FL

85 Zip Code

32804

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

Robert L. Blakeslee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
BLAKESLEE, ROBERT L.**
STREET ADDRESS **210 E PINE STREET, SUITE 440**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **T
BLAKESLEE, LISA N**
STREET ADDRESS **210 E PINE STREET, SUITE 440**
CITY-ST-ZIP **ORLANDO 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME **DP Blakeslee, Robert L.**
13 STREET ADDRESS **1217-B N. Orange Avenue**
14 CITY-ST-ZIP **Orlando, Florida 32804**

2.1 TITLE ☒ Change ☐ Addition

22 NAME **T**
23 STREET ADDRESS **Blakeslee, Lisa N**
24 CITY-ST-ZIP **1217-B N. Orange Avenue**

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS **Orlando, Florida 32804**

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS

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: **ROBERT L. BLAKESLEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Blakeslee
4/24/96 407-896-7080

Date

Daytime Phone

CR2E034 (12/95)