FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(4)

FILED Feb 04 1998 8:00am Secretary of State

BLACKJACK ESTATES HOMEOW						
Principal Place of Business Mailing Address			L INDIVIDU MAL IIDIL ALBID HIIVA 11081 INST NINII ALOIL DISSY OLDIY RINII KINIL NINII 1981			
2708 HWY 87 NAVARRE. FL. 32561 C/O EDWIN L. WELLS GULF BREEZE FL 32566-3119	2708 HWY 87 NAVARRE. FL. 32561 C/O EDWIN L. WELLS GULF BREEZE FL 32566-3119			3. Date Incorporated or Qualified 04/28/1986	<u> </u>	
				4. FEI Number 59-3023746		Applied For Not Applicable
2. Principal Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired		\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
City & State	City & State	-		7. Is this nonprofit corporation a		ers association?
Zip Country	Zip 30	Country		8. This corporation owes or has Personal Property Tax due Jui		urrent year Intangible
9. Name and Address of Curre				10. Name and Address of New I		Agent
		81	Name			···································
Wells, Edwin L. 2829 Hwy 87		82	Street Addre	ss (P.O. Box Number is Not Accept	able)	
NAVARRE FL 32561		83				
· · · · · · · · · · · · · · · · · · ·		84	City		FL	85 Zip Code
11. Pursuant to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes, the	e above	-named corpo	ration submits this statement for the	purpose o	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 a	m familiar with, and accept the obligations of, Sec	tion 617,0503, Flo	rida Statutes.			-
SIGNATURE _	Signature, typed or printed name of registered agent and title if appli	cable. (NOTE	: Registered Agent signature requir	red when reinstating)	DATE	
12.			13.	ADDITIONS/CHANGES TO OFF	S IN 12	
TITLE	D	DELETE	1.1 TITLE		☐ Change	Addition
NAME	WELLS, MARTIN H.		1.2 NAME			
STREET ADDRESS	2827 HWY 87		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	Addition
NAME	WELLS, MARY C.		2.2 NAME			
STREET ADDRESS	2827 HWY 87		2.3 STREET ADDRESS			
CITY-ST-ZIP	NAVARRE FL		2. 4 CITY-ST-ZIP			
TITLE	PD	DELETE	3.1 TITLE		☐ Change	Addition
NAME	Wells, Edwin L.		3.2 NAME			
STREET ADDRESS	2829 HWY 87		3.3 STREET ADDRESS			
CITY-\$1-ZIP	NAVARRE FL		3.4. CITY-ST-ZIP			Nana andress -
TITLE	TSD	☐ DELETE	4.3 TITLE		Change Change	Addition
NAME	WELLS, JULIA H.		4. 2 NAME			
STREET ADDRESS	2829 HWY 87		4.3 STREET ADDRESS			
CITY-ST-ZIP	NAVARRE FL		4.4 CITY - ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition Addition
NAME			6.2 NAME			
STREET ADDRESS			6,3 STREET ADDRESS			
CITY-ST-7IP			6.4 CITY - ST - 7IP			

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.