FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 PM 2:14

DOCUMENT # N36670 (0)

1. Corporation Name
BLANDING PROFESSIONAL OFFICE CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2014 GULF LIFE TOWER JACKSONVILLE FL 32207 US	2014 GULFLIFE TOWER JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2982293 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

~~BROOKS, THOMAS W., III~~
~~918 DANTE PLACE~~
~~JACKSONVILLE FL 32207~~

10. Name and Address of New Registered Agent

31 Name: Clarence F. Frazier
32 Street Address (P.O. Box Number is Not Acceptable): 210 E. Forsyth St
33
34 City: Jacksonville FL 35 Zip Code: 32202

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: Clarence F. Frazier — Signature, typed or printed name of registered agent and title if applicable
Clarence F. Frazier — (NOTE: Registered Agent signature required when reinstating)
DATE: 5/22/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☒ Change ☐ Addition
NAME	BROOKS, THOMAS W., III	12 NAME	
STREET ADDRESS	~~918 DANTE PLACE~~	13 STREET ADDRESS	1301 Riverplace Blvd Suite 2014
CITY-ST-ZIP	~~JACKSONVILLE FL~~	14 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	DV	21 TITLE	☒ Change ☐ Addition
NAME	SUTER, MAX M.	22 NAME	
STREET ADDRESS	~~1717 BLANDING BLVD, #105~~	23 STREET ADDRESS	210 E. Forsyth St
CITY-ST-ZIP	~~JACKSONVILLE FL~~	24 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	DS	31 TITLE	☒ Change ☐ Addition
NAME	FRAZIER, CLARENCE F.	32 NAME	
STREET ADDRESS	~~1717 BLANDING BLVD, #105~~	33 STREET ADDRESS	210 E. Forsyth St
CITY-ST-ZIP	~~JACKSONVILLE FL~~	34 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clarence F. Frazier — Director — Clarence F. Frazier — 5/22/95 — 904-358-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028081