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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N36670

1. Corporation Name

BLANDING PROFESSIONAL OFFICE CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2014 Gulf Life Tower~~ ~~Jacksonville, FL 32207~~	~~C/O C. F. Frazier~~ ~~P. O. Box 40611~~ ~~Jacksonville, FL 32203~~

3. Date Incorporated or Qualified: 02/13/90

4. FEI Number: 59-2982293 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd.	26 C/O C. F. Frazier
Suite, Apt. #, etc. 22 Suite 2014	Suite, Apt. #, etc. 27 P. O. Box 40749
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / County 24 32207 / 25 Duval	Zip / County 29 32203 / 30 Duval

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Frazier, Clarence 225 Water Street Suite 1235 Jacksonville, FL 32202	81 Name: Clarence F. Frazier 82 Street Address (P.O. Box Number is Not Acceptable) 83 1548 Lancaster Terrace 84 City: Jacksonville FL 85 Zip Code: 32204

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Clarence F. Frazier — Clarence F. Frazier — 4/27/98
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Brooks, Thomas W. III 1301 Riverplace Blvd., Suite 2014 Jacksonville, FL 32207 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Suter, Max M. 3015 Hartley Road, Ste 4A Jacksonville, FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 2512 Plainfield Ave. Orange Park, FL 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Frazier, Clarence F. 225 Water Street, Suite 1235 Jacksonville, FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 1548 Lancaster Terrace Jacksonville, FL 32204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 5.1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002508462 -05/04/98--01002--020 ***61.25

CR2E037 (10/97)

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 changed, or on an attachment with an address.

SIGNATURE: Clarence F. Frazier — Clarence F. Frazier — 4/27/98 — 904-355-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #