061999-90011-043-$61.25-$61.25

FILED
Aug 06, 1999 8:00 am
Secretary of State
08-06-1999 90011 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36670

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

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD. SUITE 2014 JACKSONVILLE FL 32207 US	C/O C.F. FRAZIER P.O. BOX 40749 JACKSONVILLE FL 32203 US

2. Principal Place of Business 21 1717 BLANDING BLVD. Suite, Apt. #, etc. 22 101 City & State 23 JACKSONVILLE FL Zip 24 32210 Country 25	2a. Mailing Address 26 4749 MARTINIQUE CT. Suite, Apt. #, etc. 27 City & State 28 AMELIA IS. FL. Zip 29 32034 Country 30 NASAU	3. Date Incorporated or Qualified 02/13/1990 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRAZIER, CLARENCE 1548 LANCASTER TERRACE JACKSONVILLE FL 32204	81 Name JOHN J. STIFTER 82 Street Address (P.O. Box Number is Not Acceptable) 4749 MARTINIQUE CT 83 84 City AMELIA IS. FL 85 Zip Code 32034

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 John J. Stifter 8-2-99
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	DPT ☒ DELETE	1.1 TITLE	DPT ☒ Change ☐ Addition
NAME	BROOKS, THOMAS W., III	1.2 NAME	JOHN J. STIFTER
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 2014	1.3 STREET ADDRESS	4749 MARTINIQUE CT
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	AMELIA IS. FL. 32034
TITLE	DV ☒ DELETE	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	SUTER, MAX M.	2.2 NAME	JOHN BARRY
STREET ADDRESS	2512 PLAINFIELD AVE.	2.3 STREET ADDRESS	1719 BLANDING BLVD
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	JACKSONVILLE 32210
TITLE	DS ☒ DELETE	3.1 TITLE	DS ☒ Change ☐ Addition
NAME	FRAZIER, CLARENCE F.	3.2 NAME	THOMAS C. STRICKLAND
STREET ADDRESS	1548 LANCASTER TERRACE	3.3 STREET ADDRESS	1725 BLANDING BLVD SUITE 2
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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, with all other like empowered.*

SIGNATURE: John J. Stifter JOHN J. STIFTER 8-2-99 904-277-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #