SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P36937

(1)

BLAIR CONSULTING GROUP, LTD., INC.

D:1-10							
Principal Plac		Mailing Address					
4 TROPICANA PUNTA GORDA	- ···-	4 TROPICANA DRIVE PUNTA GORDA FL 33950					
TOMA GONDA	C TE SOURCE	TOTAL COMPATE WOOD					DO NOT WRITE IN THIS SPACE
•							3. Date Incorporated or Qualified
	No. of Paris						12/20/1991
	lace of Business	├ ~~	2a. Mailing Address				4. FEI Númber Applied For
Suite, Apt.	# elc	26	Suite, Apt. #, etc.				59-3092688 Not Applicable \$8.75 Additional
22	#, 0to.	27	-n, '				5. Certificate of Status Desired Fee Required
City & Stat	le		City & State				Election Campaign Financing \$5.00 May Be
23		28]				Trust Fund Contribution Added to Fees
Zip Country		Zij	Zip Country			8. This corporation owes or has paid the current year Intengible	
24			30		,		Personal Property Tax due June 30. Yes No
ļ	9. Name and Address of Curre	nt Register	ed Agent		241		10. Name and Address of New Registered Agent
BLAIR, W. BRADLEY					81	Name	
	ROPIÇANA DRIVE					Street Addre	ss (P.O. Box Number is Not Acceptable)
PUN	ita go rda fl 33950				83		
	·				"		
					84	City	EI 85 Zip Code
11. Pursuant to the provisions of sections 607 0502 and 607 1508. Florida Statutos the pho						named corners	
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.							
	am tamiliar with, and accept the oblig	jations of, se	BC00N 607.0505, FI	orida Sta	utes).	
SIGNATURE	Signature, typed or printed name of registered age	nt and tille if app	plicable (N	OTE: Registe	red Ag	gent signature requir	red when reinstating) DATE
12.	OFFICERS AT	ND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AS		DELETE	1,1 TITLE			Change Addition
NAME	BLAIR, W B II			1,2 N/			
STREET ADDRESS	3546 BOHICKET ROAD					ADDRESS	
CITY-ST-ZIP					TY-ST-	-ZIP	
J	VS NADY IANE		DELETE	ETE 2.1 TITLE 2.2 NAME		Ì	Change Addition
NAME BLAIR, MARY JANE STREET ADDRESS 4 TROPICANA DRIVE				2.3 STREET ADDRESS		ADDOCOC	
CITY-ST-ZIP PUNTA GORDA FL			2.4 CiTY-ST-ZIP				
TITLE	AS		DELETE	3.1 TI			Change Addition
NAME	, riv			3.2 NA		1	Onlings Addition
STREET ADDRESS 221 S. TRYON STREET			3.3 ST			ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC			3.4 CI	3.4 CITY-ST-ZIP		
TITLE			4,1 TI	TLE		Change Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 ST	REET /	ADDRESS	
CITY-ST-ZIP				TY-ST-	-ZIP		
TITLE			5.1 TI			Change Addition	
NAME				5.2 NA			
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE		-ZIP	
TITLE			DELETE				Change Addition
NAME				6.2 N/	ME		

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 ceth; 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jul 16 1998 8:00am

Secretary of State