

CERTIFIED MAIL # P 288 629 286
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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000002793 (6)

1. Corporation Name
STEPHEN L. BLACKMORE COMPANY

Principal Place of Business

10015 BRISTOL BAY DR.
314
BRADENTON FL 34209
US

Mailing Address

P.O. BOX 1444
ANNA MARIA FL 34216-1444
US

See change
Below

NO CHANGE

2. Principal Place of Business

21 688 RUTA DE ARBOL
Suite, Apt. #, etc.

22 City & State

23 APOPKA FL

24 Zip

32712

25 Country

USA

2a. Mailing Address

26 P.O. Box 1444
Suite, Apt. #, etc.

27 City & State

28 ANNA MARIA, FL.

29 Zip

34216

30 Country

USA

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

08/14/1996

4. FEI Number

65-0380304

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLACKMORE, STEPHEN L.
10015 BRISTOL BAY DR.
UNIT 314
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name BLACKMORE, STEPHEN L.

82 Street Address (P.O. Box Number is Not Acceptable)

688 RUTA DE ARBOL

83

84 City

APOPKA

85 State

FL

86 Zip Code

32712

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

Signature of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BLACKMORE, STEPHEN L.
STREET ADDRESS 10015 BAY DRIVE #314
CITY - ST - ZIP BRADENTON FL

TITLE D ☐ DELETE

NAME STEPHEN L. BLACKMORE
STREET ADDRESS 10015 BAY DR. #314
CITY - ST - ZIP BRADENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME BLACKMORE, STEPHEN L.
1.3 STREET ADDRESS 688 RUTA DE ARBOL
1.4 CITY - ST - ZIP APOPKA FL 32712

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME STEPHEN L. BLACKMORE
2.3 STREET ADDRESS 688 RUTA DE ARBOL
2.4 CITY - ST - ZIP APOPKA, FL. 32712

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name
appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Signature of signing officer or director: STEPHEN L. BLACKMORE 4-14-97 407 884-8882
Date: 4-14-97 Daytime Phone: 407 884-8882

CR2E034 (9/96)