

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90051 039 ***150.00

03-02-1999 90051 040 *****8.75

DOCUMENT # **P93000002793**

1. Corporation Name

STEPHEN L. BLACKMORE COMPANY

Principal Place of Business

**688 RUTA DE ARBOL
APOPKA FL 32712
US**

Mailing Address

**688 RUTA DE ARBOL
APOPKA FL 32712
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1993

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 **688 Ruta De Arbol**
Suite, Apt. #, etc.

22 **Apopka, Florida 32712**
City & State

23 **32712** **USA**
Zip Country

24 **25** **29** **30**

2a. Mailing Address

26 **688 Ruta De Arbol**
Suite, Apt. #, etc.

27 **Apopka, Florida 32712**
City & State

28 **32712** **USA**
Zip Country

29 **30**

9. Name and Address of Current Registered Agent

BLACKMORE, STEPHEN L
688 RUTA DE ARBOL
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name

Ann Rowell

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

688 Ruta De Arbol

83

84 City

Apopka

FL

85 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 **Ann Rowell** **Ann Rowell** **1/18/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BLACKMORE, STEPHEN L**
STREET ADDRESS **688 RUTA DE ARBOL**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ DELETE
NAME **STEPHEN L. BLACKMORE**
STREET ADDRESS **688 RUTA DE ARBOL**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ DELETE
NAME **N/A (NOT APPLICABLE)**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **N/A**
1.3 STREET ADDRESS **N/A**
1.4 CITY-ST-ZIP **N/A**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **N/A**
2.3 STREET ADDRESS **N/A**
2.4 CITY-ST-ZIP **N/A**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **N/A**
3.3 STREET ADDRESS **N/A**
3.4 CITY-ST-ZIP **N/A**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **N/A**
4.3 STREET ADDRESS **N/A**
4.4 CITY-ST-ZIP **N/A**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **N/A**
5.3 STREET ADDRESS **N/A**
5.4 CITY-ST-ZIP **N/A**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **N/A**
6.3 STREET ADDRESS **N/A**
6.4 CITY-ST-ZIP **N/A**

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 607, 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: **Stephen L. Blackmore** **1/18/99** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Blackmore, President 1/18/99

Date

Daytime Phone #

CR2E034 (11/98)

0069713