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FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000077223 (4)
1. Corporation Name

BL AND ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

18614 AVENUE CAPRI
LUTZ FL 33549

P.O. BOX 261564
TAMPA FL 33685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1993

4. FEI Number

59-3219207

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 607 W. HORATIO STR

26 P.O. BOX 411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FLORIDA

City & State

28 VIENNA, VA

Zip

Country

24 33606

Zip

Country

29 22183

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAPP, KATHERINE M
18614 AVENUE CAPRI
LUTZ FL 33549

81 Name

JAMES P. KNOX

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

607 W. HORATIO STREET

83

84

City TAMPA

FL

85

Zip Code

33606

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

James P. Knox

James P. Knox

3/25/98

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 P
NAME TAPP, KATHERINE M
STREET ADDRESS 18414 AVE CAPRI
CITY-ST-ZIP LUTZ FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

KATHERINE M. TAPP, PRESIDENT

2-24-98 703-893-0330

CR2E034 (10/97)