

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000003867 (6)

1. Corporation Name

FLORIDA BLUEPRINT CO., INC.

**"WE'VE MOVED"  
NEW ADDRESS  
600 N. FLORIDA AVE.  
TAMPA, FL 33602**



Principal Place of Business

101-12TH STREET, SOUTH  
TAMPA FL 33602

Mailing Address

101-12TH STREET, SOUTH  
TAMPA FL 33602

600 N.  
FLORIDA  
AVE.

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

**"WE'VE MOVED"  
NEW ADDRESS  
600 N. FLORIDA AVE.  
TAMPA, FL 33602**

**"WE'VE MOVED"  
NEW ADDRESS  
600 N. FLORIDA AVE.  
TAMPA, FL 33602**

23

28

Zip

Zip

24

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, PETER J ESQ.

501 E. KENNEDY BLVD., SUITE 1400  
TAMPA FL 33602

**"WE'VE MOVED"  
NEW ADDRESS  
600 N. FLORIDA AVE.  
TAMPA, FL 33602**

81

Name

CHRISTOPHER W. CHARLES

82

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

600 N. FLORIDA AVE.

83

84

City

TAMPA

FL

85

Zip Code

33602

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSJD  
CHARLES, CHRISTOPHER W  
101-12TH STREET, SOUTH  
TAMPA FL 33602

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**"WE'VE MOVED"  
NEW ADDRESS  
600 N. FLORIDA AVE.  
TAMPA, FL 33602**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

CHRISTOPHER W. CHARLES

4/1/96

813-221

Date

Daytime Phone

CR2E034 (12/95)