

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000017415 (8)

1. Corporation Name

BLACKHAWK INVESTMENTS, INC.



Principal Place of Business

768 ASHBURTON DR
NAPLES FL 33963

Mailing Address

768 ASHBURTON DR
NAPLES FL 33963

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

BYRNES, RANDALL W
768 ASHBURTON DR
NAPLES FL 33963

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

52-1837775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 Florida address

Signature, typed or printed name of registered agent and Florida address

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

D
BYRNES, RANDALL W
768 ASHBURTON DR
NAPLES FL 33963

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE ☐ DELETE

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STREET ADDRESS
CITY - ST - ZIP

5. TITLE ☐ DELETE

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STREET ADDRESS
CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

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SIGNATURE:

Randall W. Byrnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall W. Byrnes
DATE 4/1/96

(541) 597-2805

Exhibit Form 1

CR2E034 (12/95)