FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 JUN 20 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000019198 (8)

1. Corporation Name
BLACK BIRD DEVELOPMENT INC.

800001520248
-06/22/95--01016--027
****100.00 ****100.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6826 RICHARDSON RD JACKSONVILLE FL 32209	6826 RICHARDSON RD JACKSONVILLE FL 32209

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: ☒ 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

JONES, FERNANDA M
6826 RICHARDSON RD
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	~~ROBERT H. KOCH~~ ☐ Change ☐ Addition
NAME	JONES, MARY L	12 NAME	
STREET ADDRESS	6826 RICHARDSON RD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	BOARD MEMBER ☐ Change ☒ Addition
NAME	JONES, FERNANDA M JR.	22 NAME	ROBERT H. KOCH, 630 E. CENTRAL
STREET ADDRESS	10251 COMFORT CIR.	23 STREET ADDRESS	1605 UNIT.
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, FLORIDA 32801
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JONES, FERNANDA M III	32 NAME	800001520248
STREET ADDRESS	10251 COMFORT CIR.	33 STREET ADDRESS	-06/22/95--01016--028
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	****100.00 ****100.00
TITLE	I	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	800001520248
STREET ADDRESS		43 STREET ADDRESS	-06/22/95--01016--029
CITY-ST-ZIP		44 CITY-ST-ZIP	*****20.00 *****20.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	800001520248
STREET ADDRESS		53 STREET ADDRESS	-06/22/95--01016--030
CITY-ST-ZIP		54 CITY-ST-ZIP	******5.00 ******5.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	#55 6/20/95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Fernanda M. Jones Jr. 4/28/95 (407) 277-4103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406443 FP