

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:33

DOCUMENT # P94000020540 (8)

1. Corporation Name
ROBERT BLIGH & SON CORP.

Principal Place of Business Mailing Address
**880 EAST ACRE DR.
PLANTATION FL 33317** **880 EAST ACRE DR.
PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/16/1994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0514660		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		XX \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**WILKES, JOHN P
150 NORTH FEDERAL HWY.
SUITE 200
FORT LAUDERDALE FL**

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 officer 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

(Print name, typed or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIGH, ROBERT	1.2 NAME	BLIGH, ROBERT
STREET ADDRESS	2100 N.E. 38 ST, APT. 216	1.3 STREET ADDRESS	2400 NE 36th St., #7
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY - ST - ZIP	Lighthouse Point, FL. 33064
TITLE	D	2.1 TITLE	D, Vice Pres/Secy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIGH, JACK	2.2 NAME	BLIGH, JACK
STREET ADDRESS	880 EAST ACRE DR.	2.3 STREET ADDRESS	880 East Acre Drive
CITY - ST - ZIP	PLANTATION FL 33317	2.4 CITY - ST - ZIP	Plantation, FL 33317
TITLE		3.1 TITLE	D, Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BLIGH, CAROL
STREET ADDRESS		3.3 STREET ADDRESS	880 East Acre Drive
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Plantation, FL 33317
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I declare, under penalty, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further declare that the information submitted 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 of this report as an individual with an address.

SIGNATURE: *Jack P. Bligh* Jack P. Bligh 3/2/95 305 581-0880

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

PHONE NUMBER