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FILED
Mar 05 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 # P94000023763 (3)

1. Corporation Name

CURTIS M. BLEAU, D.P.M. AND ASSOCIATES, P.A.

Principal Place of Business

4204 BLANDING BLVD
JACKSONVILLE FL 32257

Mailing Address

4204 BLANDING BLVD
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1994

4. FEI Number

59-3241639

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

21 1824 Blanding Blvd

Suite, Apt. #, etc.

22

2a. Mailing Address

26 1824 Blanding Blvd

Suite, Apt. #, etc.

27

City & State

23 Jacksonville, Florida

Zip

24 32210

Country

25

City & State

28 Jacksonville, Florida

Zip

29 32210

Country

30

9. Name and Address of Current Registered Agent

BLEAU, CURTIS M.D.
4204 BLANDING BLVD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name BLEAU, CURTIS DPM

82 Street Address (P.O. Box Number is Not Acceptable)
1824 Blanding Blvd

83

84 City Jacksonville

FL

85 Zip Code 32210

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

Curtis M. Bleau DPM

3-2-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME TD
BLEAU, CURTIS M DPM
STREET ADDRESS 10831 LOSCO JUNCTION DR
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME S
BLEAU, SARAH S
STREET ADDRESS 10831 COSCO JUNCTION DR
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Curtis M. Bleau DPM

3-2-98 (204) 397-0710

CR2E034 (10/97)