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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000046830 (3)

1. Corporation Name  
CAROLYN D. BLAIR, INC.



Principal Place of Business: 27645 SUFFRIDGE DR, BONITA SPRINGS FL 33923  
Mailing Address: 9200 BONITA BEACH RD, 201, BONITA SPRINGS FL 34135-4278, US

3. Date Incorporated or Qualified: 06/23/1994  
3a. Date of Last Report: 04/15/1996  
4. FEI Number: 65-0500086  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
21-24: Sufte, Apt. #, etc; City & State; Zip; Country  
26-30: Sufte, Apt. #, etc; City & State; Zip; Country

9. Name and Address of Current Registered Agent

BLAIR, CAROLYN D  
27645 SUFFRIDGE DR.  
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

Table 12: OFFICERS AND DIRECTORS. Contains one entry for BLAIR, CAROLYN D with fields for Title, Name, Street Address, and City-State-Zip.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Contains 12 numbered rows for adding or changing officers and directors.

14. I do 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: *Carolyn D. Blair* RECORDED Carolyn D. Blair (941)495-6685  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)