

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 # **P94000055599 (2)**

1. Corporation Name

CHANJOHNBLAKE, INC.



Principal Place of Business

**1221 EAST TARPON AVENUE
TARPON SPRINGS FL 34689**

Mailing Address

**1221 EAST TARPON AVENUE
TARPON SPRINGS FL 34689**

2. Principal Place of Business

21 Subv. Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **GEORGE N. KLIMIS, P.A.**

27 **30 No. Ring Ave, Ste 400**

28 **TARPON SPRINGS, FL**

29 **34689** 30 **USA**

3. Date Incorporated or Qualified
07/20/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3259832

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

**KLIMIS, GEORGE N
30 NORTH RING AVENUE
SUITE 400
TARPON SPRINGS FL 34689**

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 607.0602 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 607.0609, Florida Statutes.

SIGNATURE

Signature of person submitting this statement to the Department of State

Signature of Agent (must be printed when registering)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE
NAME **D THOMPSON, MARIETTE B**
11.2 STREET ADDRESS **1221 EAST TARPON AVENUE**
11.3 CITY, ST, ZIP **TARPON SPRINGS FL 34689**
11.4 TITLE ☐ DELETE
NAME
11.5 STREET ADDRESS
11.6 CITY, ST, ZIP
11.7 TITLE ☐ DELETE
NAME
11.8 STREET ADDRESS
11.9 CITY, ST, ZIP
11.10 TITLE ☐ DELETE
NAME
11.11 STREET ADDRESS
11.12 CITY, ST, ZIP
11.13 TITLE ☐ DELETE
NAME
11.14 STREET ADDRESS
11.15 CITY, ST, ZIP
11.16 TITLE ☐ DELETE
NAME
11.17 STREET ADDRESS
11.18 CITY, ST, ZIP
11.19 TITLE ☐ DELETE
NAME
11.20 STREET ADDRESS
11.21 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
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13.16 CITY, ST, ZIP
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13.26 NAME
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13.88 CITY, ST, ZIP
13.89 TITLE ☐ Change ☐ Addition
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13.92 CITY, ST, ZIP
13.93 TITLE ☐ Change ☐ Addition
13.94 NAME
13.95 STREET ADDRESS
13.96 CITY, ST, ZIP
13.97 TITLE ☐ Change ☐ Addition
13.98 NAME
13.99 STREET ADDRESS
13.100 CITY, ST, ZIP

14. I 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)(k), 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. 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: *Mariette B. Thompson, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 813-934-7377
Date Date

CR2E034 (12/95)