

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Charles B. McNamara
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **P94000056050 (5)**

1. Corporation Name

DWIGHT D. BLAKE, M.D., P.A.

55 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office (Mailing Address) 3270 N.W. 36TH ST. MIAMI FL		2b. Mailing Address 3270 N.W. 36TH ST. MIAMI FL		3. Date of Report or Quarterly 07/28/1994		3a. Date of Last Report	
21. State Apt. # 3270 NW 36ST		26. ☒ Yes ☐ No		4. FCI Number 65 - 0517598		Applied For Not Applicable	
22. City, State MIAMI FL		27. City, State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23. 33142		28. DADE		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24. 33142		25. DADE		29. 33142		30. 33142	

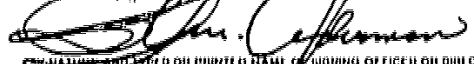
9. Name and Address of Current Registered Agent MCCORMICK, ARTHUR F 7550 RED ROAD SUITE 203 SOUTH MIAMI FL 33143				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607, 608, and 609, 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 and accept the responsibilities as set forth in Section 609, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME PRESIDENT DWIGHT D. BLAKE 3270 NW 36ST MIAMI FL 33142	1. NAME	☐ Change ☐ Addition	
2. NAME VICE PRESIDENT RANDALL M. ADERMAN 3270 NW 36ST MIAMI FL 33142	2. NAME	☐ Change ☐ Addition	
3. NAME	3. NAME	☐ Change ☐ Addition	
4. NAME	4. NAME	☐ Change ☐ Addition	
5. NAME	5. NAME	☐ Change ☐ Addition	
6. NAME	6. NAME	☐ Change ☐ Addition	
7. NAME	7. NAME	☐ Change ☐ Addition	
8. NAME	8. NAME	☐ Change ☐ Addition	
9. NAME	9. NAME	☐ Change ☐ Addition	
10. NAME	10. NAME	☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 609(c)(1)(b), Florida Statutes. I further certify that the information and effect of this annual report or quarterly report is true and accurate and that my signature shall bind the corporation to the report and that my name appears in this report or this filing as required by the Florida Statutes, and that my name appears in this report or this filing as required by the Florida Statutes.

SIGNATURE:  **5/3/95 305-635-1445**

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FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P94000056210 (5)

1. Corporation Name

BARBARA THOMPSON SCHOOL OF DANCE, INC.

2. Principal Office Address

**5667 BEACH BLVD
JACKSONVILLE FL 32207**

3. Mailing Address

**5667 BEACH BLVD
JACKSONVILLE FL 32207**

2. Principal Office Address

21

2b. Mailing Address

26

22

27

23

28

24

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30

3. Date of Incorporation (2 subject)
07/28/1994

3a. Date of Last Report

4. FFI Number

59-3261208

Applied For

Not Applicable

5. Certificate of Status (Fees)

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. Does corporation have liability for intangible tax under S. 199.001?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, BARBARA P
5227 SANTA ROSA WAY
JACKSONVILLE FL 32211**

81. Name

82. Street Address (P.O. Box permitted in that jurisdiction)

83

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and I am duly authorized to execute 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, if thereby accept the appointment as registered agent, and I accept the obligations of the Secretary of State, Florida Statutes.

SIGNATURE

12. OFFICER, DIRECTOR, OR OFFICER

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

**PD
THOMPSON, BARBARA P
5227 SANTA ROSA WAY
JACKSONVILLE FL 32211**

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

**SD
THOMPSON, JOHN B
5227 SANTA ROSA WAY
JACKSONVILLE FL 32211**

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

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CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Tax law 1993-036, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same as the Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or on an attached form with an address.

SIGNATURE:

Barbara Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIFFERENT

President

5/9/95

*1-904-370-3257
1-904-744-3997*