Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90010 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400074686

1. Corporation Name

BLACKWELL THOMPSON INCORPORATED

							<u> </u>		
Principal Place	e of Business	Mailing Address					1 : \$31(88) (18 1811(818)) 88(1) 88(1) 88(1)) (440) 8:0 9 0	
1605 YATES DRIVE 1605 YATES DRIVE									
MERRITT ISLAND FL 32952 MERRITT ISLAND FL 329			2						
							DO NOT WRITE IN TI	- IS SPACE	
							3. Date Incorporated or Qualifed		
							10/07/1994		
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number		lied For	
21		26				59-3273736		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifc ate of Status Desired	\$8.75 A Fee Rec		
22		27							
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00			
23		28					Trust F und Contribution	Added to	rees
Zip	Courtry	Zip		untry			8. This or rporation owes the current year		IJNo
24	25	29	30				Personal Property Tax.	- —	140
	9. Name and Address of Current	Registered Agent		81	Nam		10. Name and Address of New Register	ea Agent	
THO	MIDOON DICHADD A			181	(Valli	E			l
THOMPSON, RICHARD A					Stree	et Acd	Iress (P.O. Box Number is Not Acceptable)		
1605 YATES DRIVE MIERRITT ISLAND FL 32952									
Mich	HIII ISLAND FL 32952			83					
				84	City			. 85 Zip C	inde
					_		<u></u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the a	above	e-name	ed con	poration submits this statement for the purpose ion's board of cirectors. I hereby accept the ap	of changing its	r∋gistered sistered
office or r	egistered agent, or born, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Stat	tutes.	ine co	iporeu	toris board of chectors, Thereby accept the ap	politiment as reg	J1310100
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	Registere	d Agent	t signatu	re requir	ed when reinstating) OATE		
12.	OFFICERS AND		_	13.			ADDITIC NS/CHANGES TO OFFICERS		
TITLE	PT		11T	11 TITLE				☐ Change	Addition
NAME	BLACKWELL-THOMPSON, J.C.		1.2 NAME						
STREET ADDRESS	1605 YATES DRIVE		1.3 STREE		ADDRES	ss			
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 0	1.4 CITY-ST-ZII					
TITLE .	VP	☐ DELETE	2.1 T	2.1 TITLE				Change	Addition
NAME	THOMPSON, RICHAR A		2.2 N	2.2 NAME					
STREET ADDRESS			2.3 S	TREET	ADDRES	ss			
CITY-ST-ZIP	MERRITT ISLAND FL		2. 4 CITY-ST		T-ZIP				
TITLE		☐ DELETE	31T	31 TITLE		1		Change	☐ Addition
NAME			32 N	3 2 NAME					
STREET ADDRESS			Œ		ADDRES	ss			
CITY-ST-ZIP			34 (3.4. CITY-ST-ZIP					
TITLE		DELETE	_	4.1 TITLE				Change	Addition
NAME			4.21	4. 2 NAME		1			
					AUDBE				
STREET ADDRES S			8	4.3 STREET ADDRESS		~			
CITY-ST-ZIP		DELETE		4.4 CITY-ST-ZIP 5.1 TITLE		+-		Change	Addition
TITLE		ا محدداد	5.1 T			-			
NAME.					ADDRES				
STREET ADDRESS						~			
CITY-ST-ZIP		☐ DELETE	6.1 T	ITY-ST	- 412				Addition
TITLE			■ 0.1 1			1			

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 angular 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 of the projection or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted from an attackment with an address with all other like amortures. officer or director of the corporation, Block 12 or Block 13 if changed, pro-

62 NAME

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS