

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90031 049 ***150.00

DOCUMENT # P94000093394

1. Corporation Name

BLAIR INVESTMENT PROPERTIES, INC.



Principal Place of Business

825 COURTLAND ST
ORLANDO FL 32804
US

Mailing Address

825 COURTLAND ST
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1994

2. Principal Place of Business

21 445 W. Colonial Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 445 W. Colonial Dr.
Suite, Apt. #, etc.

4. FEI Number

59-3282600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

23 Orlando FL

27 City & State

28 Orlando FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

Country

25 32804-6801 USA

29 Zip

Country

30 32804-6801 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLAIR, BOBBY
1144 PALM COVE DRIVE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

Blair, Bobby

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

445 W. Colonial Drive

83

84 City

Orlando

FL

85 Zip Code

32804-6801

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

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 D ☐ DELETE

NAME BLAIR, BOBBY
STREET ADDRESS 1144 PALM COVE DRIVE
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

Blair, Bobby

1.3 STREET ADDRESS

445 W. Colonial Dr.

1.4 CITY-ST-ZIP

Orlando FL 32804-6801

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-399

407-481-0600

CR2E034 (11/98)