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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000010291 1. Corporation Name

BLAKEMORE, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90033 004 \*\*\*150.00

Principal Place 7201 FIVE PT.	a of Ducinosa					Agent gates that game in	# 1814: IIB: 188:
7201 FIVE PT.	e of Business	Mailing Address					
	CIRCLE	7201 FIVE PT. CIRCLE					
#112	-	#112 -			DO NOT WRITE	IN THIS SPACE	
TAMPA FL 3360	07	TAMPA FL 33607			3. Date Incorporated or Qualifed	THIS OF AGE	
US		. US			1		;
					02/03/1995	T. T.	1 - 1 - 2 -
	lace of Business	2a. Mailing Address	<i>i</i> 2	//	4. FEI Number	·	polied For
21 /39	31 PATHFINDER O	R 26 /393/ /	ATHEIN	DEX VK	59-3287594		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22	<b>.</b>	27				Fee R	equired
City & Stat	te	City & State		وبداميت مثكرة ويعصب وريد	6. Election Campaign Financing	\$5.00	May Be
23 7 m	mpa ti	28 TAM	A HL	-	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the currer	t year Intangible	
24 <i>334</i>	625 [25]	29 77625	30		Personal Property Tax.	☐ Yes	<b>254</b> 0
	9. Name and Address of Currer		' '		10. Name and Address of New Re	gistered Agent	
		<del></del>	81	Name		•	
BLA	KEMORE, STEVEN J			01 1711	(D.O. D. N	(-) <b>(</b>	
7201 FIVE PT. CIRCLE					ess (P.O. Box Number is Not Acceptable   PATH FINDER	<b>Q</b> (, , ,	
#11:			83	7.373	FAMEINDER	_ &	
	PA FL 33607		53				
I CIVI	IFA 1 E 33007		84	City -		85 Zip	Code
				_ (A	MPA	FL   ~   3	3625
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida St	atutes, the above-	named corpo	pration submits this statement for the pr	urpose of changing it	s registered
office of r	registered agent, or both, in the State am familiar with, and accept the obliga	or Florida. Such change wa itions of, Section 607,0505.	is authorized by it Florida Statutes.	ne corporation	n's board of directors. I hereby accept	uie appointment as i	cgistored
=						•	1
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered Agent	signature required	when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE	PS ·	☐ DELETE	1.1 TITLE	حر		Change	☐ Addition
	' •	☐ DELETE	1.1 TITLE 1.2 NAME	'	15/0	Change	
NAME	BLAKEMORE, STEVEN J	☐ DELETE	1.2 NAME	'	15/0	Change	
NAME STREET ADDRESS	BLAKEMORE, STEVEN J 7201 FIVE PT. CIRCLE, #112	□ DELETE	1.2 NAME 1.3 STREET A	ADDRESS /3	13/D 3931 PATHFINDER	Change UR	
NAME STREET ADDRESS CITY-ST-ZIP	BLAKEMORE, STEVEN J	J.	1.2 NAME 1.3 STREET A 1.4 CITY+ST-	ADDRESS /3	13/D 3931 PATHFINDER	Change UR 36. <b>25</b>	Addition
NAME STREET ADDRESS CITY-ST-ZIP	BLAKEMORE, STEVEN J 7201 FIVE PT. CIRCLE, #112	☐ DELETE	1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	ADDRESS /3	13/D 1931 PATHFINDER TOMPA FL 3:	Change UR	
NAME STREET ADDRESS CITY-ST-ZIP	BLAKEMORE, STEVEN J 7201 FIVE PT. CIRCLE, #112	J.	1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS /3 zip 7	13/D 3931 PATHFINDER TAMPA FL 3: ()D	Change  Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	BLAKEMORE, STEVEN J 7201 FIVE PT. CIRCLE, #112 TAMPA FL 33607	J.	1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	ADDRESS /3 zip 7	13/D 3931 PATHFINDER TOMPA FL 3. 10 11LORED VIERA 3931 PATHFINDE	UR 36:25 □ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BLAKEMORE, STEVEN J 7201 FIVE PT. CIRCLE, #112 TAMPA FL 33607	J.	1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS /3 ZIP 7 ADDRESS /3	13/D 3931 PATHFINDER TOMPA FL 3. 10 11LORED VIERA 3931 PATHFINDE	Change  Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BLAKEMORE, STEVEN J 7201 FIVE PT. CIRCLE, #112 TAMPA FL 33607	□ DELETE	1.2 NAME 1.3 STREET / 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY- ST	ADDRESS /3 ZIP 7 ADDRESS /3	13/D 3931 PATHFINDER TOMPA FL 3. 10 11LORED VIERA 3931 PATHFINDE	UR 36.25 □Change e UR 6.35	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	BLAKEMORE, STEVEN J 7201 FIVE PT. CIRCLE, #112 TAMPA FL 33607	DELETE	1.2 NAME 1.3 STREET / 1.4 CITY - ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY - ST 3.1 TITLE 3.3 STREET / 3.4 CITY - ST 4.1 TITLE 4.2 NAME 4.3 STREET / 4.4 CITY - ST 5.1 TITLE 5.2 NAME 5.3 STREET / 5.4 CITY - ST	ADDRESS / 3 ADDRESS / 3 ADDRESS / 3 ADDRESS - ZIP ADDRESS - ZIP	13/D 3931 PATHFINDER TOMPA FL 3. 10 11LORED VIERA 3931 PATHFINDE	Change  OR  Change  Change	Addition  Addition  Addition  Addition

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

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

SIGNATURE REQUIRED
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR