

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000045386 (6)**

1. Corporation Name

J. W. BLACKLEDGE CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

**304 SEQUOIA LANE
BOCA RATON FL 33487
US**

**304 SEQUOIA LANE
BOCA RATON FL 33487
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

65-0600348

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4700 BABCOCK ST NE

26 4700 BABCOCK ST NE

**22 Suite, Apt. #, etc.
AB #174**

**27 Suite, Apt. #, etc.
AB #174**

23 PALM BAY FL

28 PALM BAY FL

24 Zip 32905 Country US

29 Zip 32905 Country US

25 45

30 45

9. Name and Address of Current Registered Agent

**BLACKLEDGE, JOHN W JR.
304 SEQUOIA LN-
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

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

4700 BABCOCK ST NE

83

AB #174

84 City

PALM BAY

FL

85 Zip Code

32905

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

John W. Blackledge President

7/20/98

(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 ☐ DELETE

**P
NAME BLACKLEDGE, JOHN W
STREET ADDRESS 304 SEQUOIA LN
CITY-ST-ZIP BOCA RATON FL 33487**

TITLE ☐ DELETE

**T
NAME BLACKLEDGE, FRANCES B
STREET ADDRESS 304 SEQUOIA LN
CITY-ST-ZIP BOCA RATON FL 33487**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

**4700 BABCOCK ST NE AB#174
PALM BAY FL 32905**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

SAME

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 on an attachment with an address.

SIGNATURE

John W. Blackledge President

7/20/98 4700 BABCOCK ST NE

CR2E034 (10/97)