

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000056167 (6)

1. Corporation Name

BLANKENSHIP TITLE SERVICES, INC.



Principal Place of Business

341 E. BAY ST.  
JACKSONVILLE FL 32202

Mailing Address

341 E. BAY ST.  
JACKSONVILLE FL 32202

2. Principal Place of Business

21 521 San Robar Dr

Suite, Apt. #, etc.

22

City & State Orange Park FL

Zip 32073

Country C

2a. Mailing Address

26 521 San Robar Dr.

Suite, Apt. #, etc.

27

City & State Orange Park FL

Zip 32073

Country

3. Date Incorporated or Qualified

07/19/1995

3a. Date of Last Report

4. FEI Number

59-3342276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPINNER, GRANT F  
341 E. BAY ST.  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name Timothy D. Blankenship

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

521 San Robar Dr.

83

84 City Orange Park

FL

85 Zip Code

32073

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

Timothy D. Blankenship

Signature of registered agent or registered agent in charge

Timothy D. Blankenship

Signature of registered agent or registered agent in charge

4-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
BLANKENSHIP, TIMOTHY D  
STREET ADDRESS 341 E. BAY ST.  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME D  
BLANKENSHIP, BETTY J  
STREET ADDRESS 341 E. BAY ST.  
CITY-ST-ZIP JACKSONVILLE FL 32202

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Timothy D. Blankenship

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

DATE

904-358-8188

Daytime Phone #

CR2E034 (12/95)