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FILED
Apr 03 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 # P96000083428 (8)

1. Corporation Name

M. K. BLACK & ASSOCIATES, INC.

Principal Place of Business

910 MYERS PARK DRIVE
TALLAHASSEE FL 32301

Mailing Address

6753 THOMASVILLE RD 108
STE 104
TALLAHASSEE FL 32312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

59-3404778

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21 1965 Hibiscus St.

Suite, Apt. #, etc.

22 City & State

23 SARASOTA FL

Zip

24 34239

Country

25 USA

2a. Mailing Address

26 1965 Hibiscus St.

Suite, Apt. #, etc.

27 City & State

28 SARASOTA FL

Zip

29 34239

Country

30 USA

9. Name and Address of Current Registered Agent

BLACK, M K
910 MYERS PARK DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Black, M K.

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

1965 Hibiscus St.

83

84 City

SARASOTA

FL

85 Zip Code

34239

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)

3/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BLACK, M KYMBERLY
STREET ADDRESS 4127 WINNERS CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME BLACK, M KYMBERLY
1.3 STREET ADDRESS 1965 Hibiscus St.
1.4 CITY-ST-ZIP SARASOTA FL 34239

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

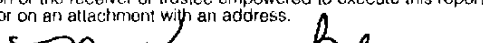
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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:



3/29/98

941.953.6221

CR2E034 (10/97)