

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

FILED
Feb 20 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 # **P96000085215 (7)**

1. Corporation Name
BLAIR CONSULTING, INC.

Principal Place of Business

**4400 HIGHWAY 20 EAST
SUITE 405
NICEVILLE FL 32578**

Mailing Address

**4400 HIGHWAY 20 EAST
SUITE 405
NICEVILLE FL 32578**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

59-3406907

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

21 116 Sunset Cove

2a. Mailing Address

26 116 Sunset Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Niceville, FL

City & State

28 Niceville, FL

Zip

Country

24 32578

25 USA

Zip

Country

29 32578

30 USA

9. Name and Address of Current Registered Agent

**BLAIR, ROBERT H
4400 HIGHWAY 20 EAST
SUITE 405
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

81 Name

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

83 116 Sunset Cove

84 City

Niceville

FL

85 Zip Code

32578

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME BLAIR, ROBERT H
STREET ADDRESS 4400 HWY 20 E, STE 405
CITY-ST-ZIP NICEVILLE FL 32578**

TITLE ☐ DELETE

**ST
NAME BLAIR, ANNE PURSELL
STREET ADDRESS 4400 HWY 20 E, STE 405
CITY-ST-ZIP NICEVILLE FL 32578**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**NAME
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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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**116 Sunset Cove
Niceville, FL 32578**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**116 Sunset Cove
Niceville, FL 32578**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ 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 supplementary 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 **Robert H Blair**

(850) 697-0007

CR2E034 (10/97)