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

Mailwa Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Black of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000085263 (7)**1. Corporat on Name

BLAKE F. DEAL, III, P.A.

FILED Apr 25 1997 8:00am Secretary of State



855-14 ST. JOHNS BLUFF ROAD HANGER C-10 JACKSONVILLE FL 32225		855-14 ST. JOHNS BLUFF ROAD HANGER C-10 JACKSONVILLE FL 32225-8388			3. Date Incorporated or Qualified 10/09/1996	3a. Da	te of Last	Report		
2. Principal	Place of Business	2a. Mailing Address			***	4. FEI Number	<u> </u>	—	Applied For	
21		26				59-340914	<u> </u>		Not Applicable	
Suite, Ap	it #, €IC	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	ate	City & State				6. Election Campaign Financing			May Be	
23	Country	[28]	1 000	n besse	 	Trust Fund Contribution	Ц		d to Fees	
<i>Ζ</i> ιρ 24	25	25 29 30		Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			s 199.032,	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered /	Agent		
	DEAL, BLAKE F III		Į	81	Name					
855-14 ST. JOHNS BLUFF ROAD HANGER C-10				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	IACKSONVILLE FL 32225	,		83						
			i	84	City			85 Zip	p Code	
						poration submits this statement for the p	FL	'		
SIGNATURE	Skjeer ne typed or profest name of registeres a	gent and title if applicable (I	NOTE: Registered			tion's board of directors. I hereby acceptions board of directors. I hereby acceptions acception in the second of	DATE			
12.	OFFICERS AF	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change		
NAME STREET ADORES City St. 2ip	DEAL, BLAKE F III	RD, HANGER 10-C	1.4 CI	AME IREET TY - S	T ADDRESS ST-ZIP		····			
NAME STREET CADORESS	s	[_] DELETE		VME TREET	T ADDRESS ST - ZIP			Change	e L. Addition	
CHTY-ST ZIP TITLE		DELETE	3.1 TF		21-74			Change	e	
NAME			3 2 N/							
STRLET ADDRESS	5		1		ADDRESS				İ	
C TY-S1-ZiP			34.C	ITY - S	ST-ZIP					
THUE		☐ DELETE	4.1 11	TL€				Change	e Addition	
MME			4. 2 N	AME						
STREET ADDRESS	5		4.3 \$1	REET	T ADDRESS	*				
City - St - ZiP		,,,	4.4 Ci	TY-S	ST - ZIP	***************************************				
THLE	DELETE			5.1 TITLE				Change	e Addition	
NAM*			5.2 N/							
STREET ADORES:	s		5.3 \$1	REET	TADDRESS					
City - St - Zir					ST- Z IP					
TITE		[] DELETE	6170					Change	e Addition	
NAME			6.2 NA							
STREET ADDRESS	s		6.3 \$1	REET	T ADDRESS					
CITY \$4 219			6.4 CI	TY-S	ST-ZIP					

14. I do 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 it am an efficer 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:



4/20/97

904-642-9683