

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90109 011 ***150.00

DOCUMENT # P96000104501

1. Corporation Name
BLANCHARD CAULKING & COATING, INC.

Principal Place of Business
3565-2 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

Mailing Address
3565-2 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1996

4. FEI Number

59-3429500

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BLANCHARD, DENNIS
7113 ANDALUSIA AVENUE
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

Blanchard, Dennis

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

10114 Bishop Lake Rd

83

84 City

Jacksonville

FL

85 Zip Code
32256

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

Dennis Blanchard P.S.

3/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE
NAME **BLANCHARD, DENNIS J**
STREET ADDRESS **7113 ANDALUSIA AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE S ☐ DELETE
NAME **BLANCHARD, DONNA M**
STREET ADDRESS **7113 ANDALUSIA AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

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 PS ☒ Change ☐ Addition
1.2 NAME **Blanchard, Dennis J**
1.3 STREET ADDRESS **10114 Bishop Lake Rd**
1.4 CITY-ST-ZIP **Jacksonville FL 32256**

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME **Blanchard, Donna M**
2.3 STREET ADDRESS **10114 Bishop Lake Rd**
2.4 CITY-ST-ZIP **Jacksonville FL 32256**

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, with all other like empowered.

SIGNATURE: **Dennis Blanchard P.S.** **3/1/99** **904-3962900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)