

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
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90018 028 ***150.00

DOCUMENT # P97000082126

1. Corporation Name

JEFFREY S BLALOCK, O.D., P.A.

Principal Place of Business

2431 BURNS DRIVE
MIDDLEBURG FL 32068

Mailing Address

2431 BURNS DRIVE
MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

59-3471697

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

2. Principal Place of Business

2a. Mailing Address

21 3050 Lexi Court

26 3050 Lexi Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Green Cove Springs, FL

28 Green Cove Springs, FL

Zip

Zip

24 32043

25 CLAY

29 32043

30 CLAY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLALOCK, JEFFREY S
2431 BURNS DRIVE
MIDDLEBURG FL 32068

81 Name

Jeffrey S. Blalock

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

2431 3050 Lexi Court

83

84 City

Green Cove Springs

FL

85 Zip Code

32043

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BLALOCK, J S
STREET ADDRESS 2431 BURNS DR
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME BLALOCK, J S
1.3 STREET ADDRESS 3050 Lexi Court
1.4 CITY-ST-ZIP Green Cove Springs, FL 32043

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99 (407) 272-9433

CR2E034 (1/1/98)