

1-1497-CB-0056
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Jan 14 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S59013 (0)
 1. Corporation Name
 WALTER K. BLACKWELL, P.A.



Principal Place of Business: 1858 SECLUSION DR. 3149 ROYAL BIRKDALE WAY DAYTONA BCH. FL 32124 US
 Mailing Address: 1858 SECLUSION DR. 3149 ROYAL BIRKDALE WAY DAYTONA BCH. FL 32124-8755 US

3. Date Incorporated or Qualified: 06/07/1991
 3a. Date of Last Report: 04/25/1996
 4. FEI Number: 65-0265459
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 3149 ROYAL BIRKDALE WAY / 3149 ROYAL BIRKDALE WAY
 State, Apt #, etc.: 22 DAYTONA BEACH / BIRKDALE
 City & State: 23 FLA. / WAY
 Zip: 24 32124 / 25 Country: 29

9. Name and Address of Current Registered Agent
 BLACKWELL, WALTER K.
 1858 SECLUSION DR.
 DAYTONA BCH. FL 32124
 3149 ROYAL BIRKDALE WAY

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): 3149 ROYAL BIRKDALE WAY
 83
 84 City: DAYTONA BCH FL 85 Zip Code: 32124

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: WALTER K. BLACKWELL, Pres & Resident Agent 1/07/97

12. OFFICERS AND DIRECTORS

FILE	PSD	<input type="checkbox"/> DELETE
NAME	BLACKWELL, WALTER K	
STREET ADDRESS	1858 SECLUSION DR.	
CITY - ST - ZIP	DAYTONA BCH. FL	3149 ROYAL BIRKDALE WAY
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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 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: WALTER K. BLACKWELL 1/07/97 904 767 0501
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WALTER K. BLACKWELL

CR2E034 (9/96)