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**Jan 23 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 # S83738 (2)
1. Corporation Name
BLACKSTONE & CARNEY, P.A.



Principal Place of Business: **7655 WEST GULF TO LAKE HWY. SUITE 2 CRYSTAL RIVER FL 34429 US**

Mailing Address: **7655 WEST GULF TO LAKE HWY. SUITE 2 CRYSTAL RIVER FL 34429-7910 US**

3. Date Incorporated or Qualified: **09/30/1991**

3a. Date of Last Report: **03/11/1996**

4. FEI Number: **59-3089070**

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. **4969 N. RAINBRIAR PATH**

22. Suite, Apt #, etc.

23. City & State: **CRYSTAL RIVER, FL**

24. Zip: **34428**

25. Country

2a. Mailing Address

26. **4969 N. RAINBRIAR PATH**

27. Suite, Apt #, etc.

28. City & State: **CRYSTAL RIVER, FL**

29. Zip: **34428**

30. Country

9. Name and Address of Current Registered Agent

**BLACKSTONE, J. MICHAEL
7655 WEST GULF TO LAKE HWY.
SUITE 2
CRYSTAL RIVER FL 32629**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable): **4969 N. RAINBRIAR PATH**

83.

84. City: **CRYSTAL RIVER**

85. Zip Code: **FL 34428**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKSTONE, J. MICHAEL	
STREET ADDRESS	7655 W. GULF TO LAKE HWY	
CITY- ST- ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKSTONE, LAYNE LOWERY	
STREET ADDRESS	4969 RAINBRIAR PATH	
CITY- ST- ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKSTONE, JOHN HANSE	
STREET ADDRESS	2116 SULLIVAN RD.	
CITY- ST- ZIP	HUNTSVILLE AL	
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 TITLE	<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 attached copy with an address.

SIGNATURE:  DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)