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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

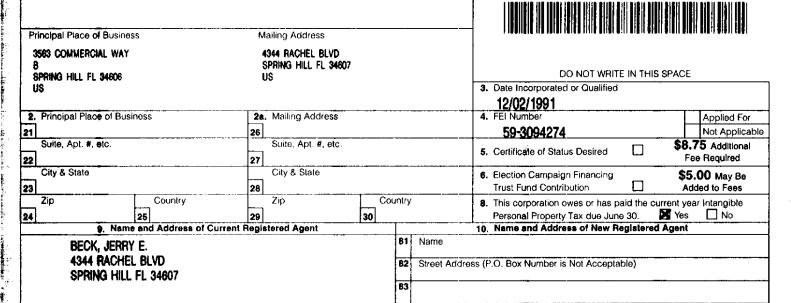
Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

BLACKHAWK PROPERTIES, INC.

FILED May 05 1998 8:00am Secretary of State



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

City

| agent. I ar | m lamiliar with, and accept the obligation | ns of, Section 607. 050 5, Flo | rida Statutes | | _ |
|----------------|--|---------------------------------------|----------------------------------|---|------------|
| SIGNATURE | Signature, typed or printed name of registered agent and | d title if applicable (NOTE | Registered Agent signature requi | red when reinstating) DATE | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP | DELETE | 1.1 TITLE | ☐ Change | Addition |
| NAME | BE CK, JERRY E. | | 1.2 NAME | | |
| STREET ADDRESS | 4344 RACHEL BLVD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | <u>spring</u> Hill Fl | _ | 1.4 CITY-ST-ZIP | | |
| TITLE | 81 | ☐ DELETE | 2.1 TITLE | Change | ☐ Addition |
| NAME | BECK, MONA S | | 2.2 NAME | | |
| STREET ADDRESS | 4344 RACHEL BLVD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CHTY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 1ITLE | Change | Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change | Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

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 chapted, or on an altachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Zip Code