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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **H15338** (7)

1. Corporation Name
BLACKBURN INSURANCE AGENCY, INC.

Principal Place of Business
504 FLURNOY CIRCLE
ATMORE AL 36502

Mailing Address
P.O. BOX 872
ATMORE AL 36504-0872

3. Date Incorporated or Qualified: **08/06/1984**
3a. Date of Last Report: **02/13/1996**

2. Principal Place of Business
21 106 Cloverdale Rd.
22 Suite, Apt. #, etc.
23 City & State: Atmore, Alabama
24 Zip: 36502
25 Country: Escambia

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-2452701** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CRISWELL, GWENDOLYN LEE
8607 BELLEVISTA
TAMPA FL 33635

10. Name and Address of New Registered Agent
81 Name: KENNAN G. DANDAR
82 Street Address (P.O. Box Number is Not Acceptable): 1009 North O'Brien Street
83
84 City: Tampa FL
85 Zip Code: 33607

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] 4-22-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BLACKBURN, JERRY	1.2 NAME	
STREET ADDRESS	504 FLURNOY CIRCLE	1.3 STREET ADDRESS	106 Cloverdale Rd.
CITY-ST-ZIP	ATMORE AL 36502	1.4 CITY-ST-ZIP	Atmore, AL 36502
TITLE	ST ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BLACKBURN, SHEILA J	2.2 NAME	
STREET ADDRESS	504 FLURNOY CIRCLE	2.3 STREET ADDRESS	106 Cloverale Rd.
CITY-ST-ZIP	ATMORE AL 36502	2.4 CITY-ST-ZIP	Atmore, AL 36502
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ 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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] Sheila J Blackburn 4-15-97 (334) 369-8451