

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:23

DOCUMENT # 338268

(6)

1. Corporation Name

T.H. BLACKMON WHOLESALE CO., INC.

Principal Place of Business

151 DEAN ROAD
PENSACOLA FL 32503
US

Mailing Address

316 S BAYLEN ST-
STE 250
PENSACOLA FL 32501
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1968

3a. Date of Last Report
05/01/1994

2. Principal Office of Registration

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. 316 S. Baylen St.

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

4. FEI Number

59-1228613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

BLACKMON, TALMADGE

4900 BAYOU BLVD., STE 204
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81. Name

Talmadge Blackmon

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

316 South Baylen Street

83.

Suite 250

84. City

Pensacola

FL

85. Zip Code

32501

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)

(Name of Registered Agent signature required after verification)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BLACKMON, TALMADGE H
STREET ADDRESS 151 DEAN RD
CITY, ST, ZIP PENSACOLA FL

TITLE VD
NAME BLACKMON, ANGERONE G
STREET ADDRESS 151 DEAN RD
CITY, ST, ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

23-22 SV- 904-4267400