2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # 338268 1. Entity Name T.H. BLACKMON WHOLESALE CO., INC.				Secretary of State				
Principal Place 151 DEAN R PENSACOLA,	ROAD , FL 32503 US	Mailing Address 316 S. Baylen St. STE 200 PENSACOLA, FL 32501 US	}					
D	OO NOT WRITE I	N THIS SPA	CE	04012004 4. FEI Numb 59-122	No Chg-P	CR2E034 (1	3 23211 E12()PR) 11 (2B)	
6. Name and Address of Current Registered Agent TALMADGE BLACKMON 316 SOUTH BAYLEN STREET SUITE 200 PENSACOLA, FL 32501			DO NOT WRITE IN THIS SPACE					
the obligat	a named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and lit. E NOW!!! FEE IS \$150,00	le l'applicable (NOTE Registere 9. Election Campaign Fina	d Agent signature required	d when reinstating)	U00000 05/04/04	DATE	* 143 to 43	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRI PD BLACKMON, TALMADGE H 151 DEAN RD PENSACOLA, FL	Trust Fund Contribution.	Add	led to Fees	US/U4/U4-	-80168-01	5 150.00 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD BLACKMON,ANGERONE G 151 DEAN RD PENSACOLA, FL							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME								
STREET ADDRESS	- Charles							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.