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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

F9300005315 (7) DOCUMENT #

BLACKLIDGE EMULSIONS, INC.

Principal Place of Business Mailing Address 828 PASS RD. 828 PASS RD. SUITE B SUITE B **GULFPORT MS 39501-6447 GULFPORT MS 39501-6447** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 64-0783034 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 ☐ Yes 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BEYER, DAVID A 81 Name % RUDNICK & WOLFE 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., SUITE 2000 В3 TAMPA FL 33602-5133 84 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition **BLACKLIDGE, RONALD W SR** NAME 1.2 NAME 9 BAYOU PL. STREET ADDRESS 1.3 STREET ADDRESS **GULFPORT MS 39506** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE STD Change Addition 2.1 TITLE Blacklidge Ronald W. Jr 11251 N River Vue Circle Biloxi, MS 39532 **BLACKLIDGE, DONNA V** NAME 2.2 NAME 9 BAYOU PL. STREET ADDRESS 2.3 STREET ADDRESS **GULFPORT MS 39506** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

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 chapter or on arguitachment with an address.

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

5.4 CITY-ST-ZIP

DELETE

□ DELETE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

Addition

**FILED** 

Apr 16 1998 8:00am

Secretary of State