

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005315

**Entity Name:** BLACKLIDGE EMULSIONS, INC.

**Current Principal Place of Business:**

12251 BERNARD PARKWAY  
SUITE 200  
GULFPORT, MS 39503

**Current Mailing Address:**

12251 BERNARD PARKWAY  
SUITE 200  
GULFPORT, MS 39503

**FEI Number:** 64-0783034

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD, CHAIRMAN  
Name BLACKLIDGE, R. BRITTANY  
Address 12251 BERNARD PARKWAY, SUITE  
200  
City-State-Zip: GULFPORT MS 39503

Title ST  
Name SHOULTZ, K. BROOKE  
Address 12251 BERNARD PARKWAY, SUITE  
200  
City-State-Zip: GULFPORT MS 39503

Title CFO  
Name GRAY, JARROD  
Address 12251 BERNARD PARKWAY  
SUITE 200  
City-State-Zip: GULFPORT MS 39531

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: K. BROOKE SHOULTZ**

**SECRETARY**

**03/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date