2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

338268 **DOCUMENT #**

1. Entity Name

T.H. BLACKMON WHOLESALE CO., INC.



FILED Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90134 022 ***150.00

Principal Place of Business 151 DEAN ROAD 151 EAN ROAD 15200 US 15200 PENSACOLA FL 32501 US 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired State Desired S	1		.,					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Street Address of Status Desired 6. Name and Address of Current Registered Agent TALMADGE BLACKMON 316 SOUTH BAYLEN STREET SUITE 200 PENSACOLA FL 32501 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. In the country of Change Interest Inte	151 DEAN ROAD PENSACOLA FL 32503		316 S. BAYLEN ST. STE 200 PENSACOLA FL 32501	316 S. Baylen St. Ste 200 Pensacola fl 32501				
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12. 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 report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on this report or supplied that the information indicated on the information indicated indicat	12. I hereby	certify that the information supplied w	rith this filing does not qualify for		in Section	n 119.07(3)(i), Florida Statutes I further certi	fy that the in	formation

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 changed, or on an attachment with an address, with all other like empowered. SIGNATOLINE TE PHILOND

SIGNATURE: 📐

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR