

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 468665 (5)

1. Corporation Name

HUMBER/ALMOND/BLYTHE, INC.



Principal Place of Business

Mailing Address

218 HOSPITAL DR
PO BOX 2619
FT. WALTON BEACH FL 32549

218 HOSPITAL DR
PO BOX 2619
FT. WALTON BEACH FL 32549

3. Date Incorporated or Qualified
01/28/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1570939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
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

10. Name and Address of New Registered Agent

ROBERT, L B
632 OVERBROOK DRIVE
NA
FT. WALTON BCH FL 32541

81 Name

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

83

84 City

FL

85 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 that it is acceptable

(If title Registered Agent signature required when filing report)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
BLYTHE, ROBERT L
632 OVERBROOK DRIVE
FT. WALTON BEACH FL

☐ DELETE

STD
ALMOND, GLENN C.
4057 INDIAN TRAIL
DESTIN FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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:

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE:

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE:

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE:

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE:

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)(k), 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/94

904-243-7325

CR2E034 (12/95)