

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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 468665 (5)			
1. Corporation Name HUMBER/ALMOND/BLYTHE, INC.			
Principal Place of Business 218 HOSPITAL DR PO BOX 2619 FT. WALTON BEACH FL 32549		Mailing Address 218 HOSPITAL DR PO BOX 2619 FT. WALTON BEACH FL 32549-2619	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
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 Robert L. Blythe 82 Street Address (P.O. Box Number is Not Acceptable) 632 Overbrook Drive 83 84 City Ft. Walton Beach FL 85 Zip Code 32547	
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 Robert L. Blythe, President 3/3/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BLYTHE, ROBERT L	1.2 NAME	
STREET ADDRESS	632 OVERBROOK DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FT. WALTON BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	STD	2.1 TITLE	
NAME	ALMOND, GLENN C.	2.2 NAME	
STREET ADDRESS	4057 INDIAN TRAIL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DESTIN FL	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	
14. I do 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 changed, or in an attachment with an address.			
SIGNATURE: Robert L. Blythe		3/3/97 904-243-7325	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)