

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 857872 (6)**  
1. Corporation Name  
**BLT SCHOOLS, INC.**



Principal Place of Business <b>3929 COCONUT PALM DRIVE TAMPA FL 33619 US</b> <b>NONE</b>	Mailing Address <b>1 HANCOCK PL STE 1408 GULFPORT MS 39507 US</b>
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<b>3. Date Incorporated or Qualified</b> 09/23/1983	<b>3a. Date of Last Report</b> 04/15/1996
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<b>2. Principal Place of Business</b> 21 <b>One Hancock Plaza</b> Suite, Apt. #, etc. 22 <b>Suite 1408</b> City & State 23 <b>Gulfport, MS.</b> Zip 24 <b>39501</b>	<b>2a. Mailing Address</b> 26 <b>One Hancock Plaza</b> Suite, Apt. #, etc. 27 <b>Suite 1408</b> City & State 28 <b>Gulfport, MS.</b> Zip 29 <b>39501</b>	<b>Country</b> 25 <b>U.S.A.</b> 30 <b>U.S.A.</b>
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<b>4. FEI Number</b> 59-2320421	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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**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's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PHILLIPS, GERALD C</b>		1.2 NAME <b>Joseph A. Bondi</b>	
STREET ADDRESS <b>ONE HANCOCK PLAZA, #1408</b>		1.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP <b>GULFPORT MS 39501</b>		1.4 CITY-ST-ZIP <b>Gulfport, MS. 39501</b>	
TITLE <b>VST</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PHILLIPS, ALTON C</b>		2.2 NAME <b>Gerald C. Phillips</b>	
STREET ADDRESS <b>ONE HANCOCK PLAZA, #1408</b>		2.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP <b>GULFPORT MS 39501</b>		2.4 CITY-ST-ZIP <b>Gulfport, MS. 39501</b>	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KIMBERLING, RONALD</b>		3.2 NAME <b>Gerald C. Phillips</b>	
STREET ADDRESS <b>ONE HANCOCK PLAZA, #1408</b>		3.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP <b>GULFPORT MS 39501</b>		3.4 CITY-ST-ZIP <b>Gulfport, MS. 39501</b>	
TITLE <b>AT</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LYNCHRLING, MARSHALL D</b>		4.2 NAME	
STREET ADDRESS <b>ONE HANCOCK PLAZA, #1408</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>GULFPORT MS 39501</b>		4.4 CITY-ST-ZIP	
TITLE <b>AT</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PAQUIN, MARILYN J</b>		5.2 NAME <b>Gerald C. Phillips</b>	
STREET ADDRESS <b>ONE HANCOCK PLAZA, #1408</b>		5.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP <b>GULFPORT MS 39501</b>		5.4 CITY-ST-ZIP <b>Gulfport, MS. 39501</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.01(3)(b), 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 REQUIRED**  
Signature and typed or printed name of signing officer or director  
Date: **4/2/97** Daytime Phone #: **(601) 864-6096**  
0627490

CR2E034 (9/96)