


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

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90194 001 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H31079					
1. Corporation Name C.D. BLOUNT, INC.					
Principal Place of Business 760 SE 22ND AVE. POMPANO BEACH FL 33062			Mailing Address 760 SE 22ND AVE. POMPANO BEACH FL 33062		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 112 NE 3 St		26 112 NE 3 St		11/26/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2463197	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Pompano Bch FL		28 Pompano Bch FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33060 25 USA		29 33060 30 USA			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BLOUNT, CHARLES DANIEL 760 S.E. 22ND AVE. POMPANO BEACH FL 33062			81 Name Blount Charles DANIEL Address only 82 Street Address (P.O. Box Number is Not Acceptable) 2841 NE 48 St 83 Lighthouse Pt PI 84 City FL 85 Zip Code 33064		
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 signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PST <input type="checkbox"/> DELETE				
NAME	BLOUNT, CHARLES DANIEL				
STREET ADDRESS	760 S.E. 22ND AVE.				
CITY-ST-ZIP	POMPANO Bch. FL				
TITLE	VD <input type="checkbox"/> DELETE				
NAME	BLOUNT, PAMELA ANN				
STREET ADDRESS	760 S.E. 22ND AVE.				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONAL OFFICERS AND DIRECTORS					
1.1 TITLE	Address only				
1.2 NAME	Mr. Charles Blount				
1.3 STREET ADDRESS	2841 NE 48th St				
1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064				
2.1 TITLE	Address only <input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	2841 NE 48th St				
2.3 STREET ADDRESS	Lighthouse Pt PI 33064				
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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, with all other like empowered.

SIGNATURE:

Pamela L. Blount **Pamela Ann Blount** **3-9-99** **954** **785-3566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)