FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR -7 AM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L70168 (4)

1. Corporation Name

BLACKMON & HUFF CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4800 N. FEDERAL HWY SUITE 205E BOCA RATON FL 33431	4800 N. FEDERAL HWY SUITE 205E BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 7777 Glades Road	2a. Mailing Address	26 7777 Glades Road
Suite, Apt. #, etc.	22 214	Suite, Apt. #, etc.	27 214
City & State	23 Boca Raton, Florida	City & State	28 Boca Raton, Florida
Zip / Country	24 33434 / 25 Palm Beach	Zip / Country	29 33434 / 30 Palm Beach

3. Date Incorporated or Qualified: 04/28/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3004182 ☐ 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

HUFF, J. BLANCHARD JR.
4800 N. FEDERAL HWY
SUITE 205E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7777 Glades Road
83 Suite 214
84 City Boca Raton, FL 85 Zip Code 33434

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 / Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	BLACKMON, MICHAEL G.	1.2 NAME	
STREET ADDRESS	4800 N. FEDERAL HWY	1.3 STREET ADDRESS	7777 Glades Road,Suite 214
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	DST	2.1 TITLE	☒ Change ☐ Addition
NAME	HUFF, JAMES B., JR.	2.2 NAME	
STREET ADDRESS	4800 N. FEDERAL HWY	2.3 STREET ADDRESS	7777 Glades Road, Suite 214
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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] James B. Huff, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-95
Date

(407) 488-9913
Daytime Phone #

0268100 CP