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Jun 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 # L70168 (4)
1. Corporation Name
BLACKMON & HUFF CAPITAL MANAGEMENT, INC.



Principal Place of Business
7777 GLADES ROAD
SUITE 313
BOCA RATON FL 33434
US

Mailing Address
7777 GLADES ROAD
SUITE 313
BOCA RATON FL 33434-4150
US

3. Date incorporated or Qualified 04/28/1990
3a. Date of Last Report 08/14/1996
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

2. Principal Place of Business
21 832 Forest Glen Lane
Suite, Apt. #, etc.
22 Wellington
City & State
23 Florida
Zip 24 33414 Country 25 USA
2a. Mailing Address
26 P.O. Box 1081
Suite, Apt. #, etc.
27 Le Xanatchee
City & State
28 Florida
Zip 29 33470 Country 30 USA

9. Name and Address of Current Registered Agent
HUFF J. BLANCHARD JR.
7777 GLADES ROAD
SUITE 313
BOCA RATON FL 33434

10. Name and Address of New Registered Agent
81 Name Michael G. Blackmon
82 Street Address (P.O. Box Number is Not Acceptable) 832 Forest Glen Lane
83 Wellington, Florida
84 City FL 85 Zip Code 33414

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 *Michael G. Blackmon* Michael G. Blackmon President 5/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLACKMON, MICHAEL G.	
STREET ADDRESS	7777 GLADES ROAD, SUITE 214	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	HUFF, JAMES B., JR.	
STREET ADDRESS	7777 GLADES ROAD, SUITE 214	
CITY-ST-ZIP	BOCA RATON 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Remove HUFF as	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Director and employee	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
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 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 on an attachment with an address.

SIGNATURE *Michael G. Blackmon* Michael G. Blackmon 5/30/97 800-439-8745

CR2E034 (9/96)