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 11 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03016** **(3)**

1. Corporation Name

BLOUNT DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
4520 EXECUTIVE PARK DRIVE P. O. BOX 949 MONTGOMERY AL 36116-8602	4520 EXECUTIVE PARK DRIVE P. O. BOX 949 MONTGOMERY AL 36116-8602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/14/1984**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **63-0892836** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LAYMAN, HAROLD E	1.2 NAME	
STREET ADDRESS	6465 WYNWOOD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	~~GRIFFIN, LOUIS A.~~	2.2 NAME	D. Joseph McInnes
STREET ADDRESS	~~6921 VAUGHN ROAD~~	2.3 STREET ADDRESS	9408 Midfield Drive
CITY-ST-ZIP	~~PIKE ROAD AL~~	2.4 CITY-ST-ZIP	Montgomery, AL 36111
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	GORLAND, RONALD K.	3.2 NAME	
STREET ADDRESS	3054 BANKHAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	☐ Change ☐ Addition
NAME	MCFADDEN, FRANK H.	4.2 NAME	
STREET ADDRESS	1637 OLD PIKE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PIKE RD AL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BLANKENSHIP, RODNEY W.	5.2 NAME	
STREET ADDRESS	3566 EDGEFIELD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	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)(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 with an address.

SIGNATURE: ✓ D. Joseph McInnes — Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95 Date

(334) 244-9100 Daytime Phone #

0486417 FP