FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

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

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

3. Date Incorporated or Qualified: **08/14/1984**
3a. Date of Last Report: **04/11/1995**
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required if filing this form.)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	LAYMAN, HAROLD E	
STREET ADDRESS	6465 WYNWOOD PLACE	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	S	☐ DELETE
NAME	MCINNES, D JOSEPH	
STREET ADDRESS	~~2400 MIDFIELD DRIVE~~	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	T	☐ DELETE
NAME	GORLAND, RONALD K.	
STREET ADDRESS	3054 BANKHAND AVE	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	DVP	☐ DELETE
NAME	~~MCFADDEN, FRANK H.~~	
STREET ADDRESS	~~1637 OLD PIKE RD.~~	
CITY-ST-ZIP	~~PIKE RD AL~~	
TITLE	D	☐ DELETE
NAME	BLANKENSHIP, RODNEY W.	
STREET ADDRESS	~~3566 EDGEFIELD DR~~	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1421 Charleton Drive	
2.4 CITY-ST-ZIP	36106	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	L. Daniel Morris, Jr.	
4.3 STREET ADDRESS	3155 Highfield Drive	
4.4 CITY-ST-ZIP	Montgomery, AL 36111	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	2630 Capstone Drive	
5.4 CITY-ST-ZIP	36106	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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, added or deleted, or on an attachment with an address.

SIGNATURE: D. Joseph McInnes — Secretary 4/7/96 (334) 244-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #