## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

MONTGOMERY AL

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Jul 31 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # P03016 (3)BLOUNT DEVELOPMENT CORP. Principal Place of Business Mailing Address 4520 EXECUTIVE PARK DRIVE 4520 EXECUTIVE PARK DRIVE P. O. BOX 949 P. O. BOX 949 MONTGOMERY AL 36116-8602 **MONTGOMERY AL 36116-8602** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1984 04/11/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 63-0892836 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 Statules. SIGNATURE (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DELETE 1.1 111LF ☐ Change ■ Addition LAYMAN, HAROLD E NAME 1.2 NAME CR2E034 6485 WYNWOOD PLACE STREET ADDRESS 1.3 STREET ADDRESS. MONTGOMERY AL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 THE F MCINNES, D JOSEPH NAME 22 NAME 1421 CHARLESTON DRIVE STREET ADDRESS 2.3 STREET ADDRESS MONTGOMERY AL 2. 4 CITY - ST - ZIP DITY-ST-ZIE DELETE Change TITLE 3.1 TITLE Addition GORLAND, RONALD K. NAME 3.2 NAME 3054 BANKHAND AVE STREET ADDRESS 3.3 STREET ADDRESS MONTGOMERY AL CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Add/tion 4 1 TITLE TITLE Morris, Ja. L. Dancel MORRIS, JR. L 4 2 NAME NAME 3155 HIGHFIELD DRIVE 4.3 \$1REF1 ADDRESS STREET ADDRESS MONTGOMERY AL CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE BLANKENSHIP, RODNEY W. 5.2 NAME NAME 2630 CAPSTONE DRIVE 5.3 STREET ADDRESS STREET ADDRESS

497

Change

Addition

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 Statules. I further certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statules; and that my name appears in Block 12 or Block 12 if the engage, or on an attackment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE