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Mar 10 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 # P94000005314 (7)

1. Corporation Name
BLC ENTERPRISES, INC

Principal Place of Business

4701 MARTINA WAY
GULF BREEZE FL 32561

Mailing Address

4701 MARTINA WAY
GULF BREEZE FL 32561-9252



3. Date Incorporated or Qualified 01/13/1994
3a. Date of Last Report 03/26/1996

4. FEI Number 59-3225266
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 4796 Kitty Hawk Cir.
Suite Apt. # etc

2a. Mailing Address

26 4796 Kitty Hawk Cir.
Suite, Apt. #, etc.

23 City & State
Gulf Breeze, FL

24 Zip 32561
25 Country

28 City & State
Gulf Breeze, FL

29 Zip 32561
30 Country

9. Name and Address of Current Registered Agent

CLARKSON, KEITH A
4701 MARTINA WAY
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name Clarkson, Keith A.
82 Street Address (P.O. Box Number is Not Acceptable)
83 4796 Kitty Hawk Cir.
84 City Gulf Breeze FL 85 Zip Code 32561

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	KEITH A. CLARKSON	4701 MARTINA WAY	GULF BREEZE FL	<input type="checkbox"/>
VTS	MOORE, BRIAN L.	7831 TIPPEN AVENUE APT. E-19	PENSACOLA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

Keith A. Clarkson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97 (904)934-4201
Date Daytime Phone #

CR2E034 (9/96)