FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000005314 (7)

BLC ENTERPRISES, INC

Principal Place of Business Mailing Addross 4796 KITTY HAWY CIR 4796 KITTY HAWK CIR. **GULF BREEZE FL 32561** GULF BREEZE FL 32561

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3225266 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 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent CLARKSON, KEITH A 81 4796 KITTY HAWK CIR 82 Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32561** 83 84 City 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 typied or printed name of registered a year and title if applicable (NOTE: Registered Agent signature required when renstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 13. DITTE Change Addition TITLE KEITH A. CLARKSON NAME 1.2 NAME 4796 Kitty Hawk Cir. 4701 MARTINA WAY STREET ADDRESS 13 STREET ADDRESS **GULF BREEZE FL** Bulf Breeze, 71 3256 CITY-ST-ZIP 14 CITY - ST - 7IP Change DELETE Addition THUE 21 100 8 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 City - \$1 - ZiP DELETE Change Addition TITLE 3.1 HH E NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7(P ☐ Change DETETE THLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY- S1- ZIP DETETE Change Addition TITLE 5.1 HHLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-7IP Addition DETETE Change 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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