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PROFIT
CORPORATION
ANNUAL REPORT

1996 5196



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortman

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000025211 (1)

1. Corporation Name

BLOUNT/MCNEIL, INC.



Principal Place of Business

916 BAMBI DR.
DESTIN FL 32541

Mailing Address

916 BAMBI DR.
DESTIN FL 32541

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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 607.0508, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY	5. STATE	6. ZIP	7. DELETE
	P MCNEIL, JOHN A JR	916 BAMBI DR	DESTIN	FL		☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY	5. STATE	6. ZIP	7. DELETE	8. CHANGE	9. ADDITION
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
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14. I hereby certify that the information supplied in this statement is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(a), Florida Statutes. Further, I certify that the information stated on this annual report or biennial 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. McNeil Jr.

5/23/96 901837467

CR2E034 (12/95)