

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000025211

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: BLOUNT/MCNEIL, INC.

Current Principal Place of Business:

34851 EMERALD COAST PKWY
STE 150
DESTIN, FL 32541 US

Current Mailing Address:

34851 EMERALD COAST PKWY
STE 150
DESTIN, FL 32541 US

New Principal Place of Business:

34851 EMERALD COAST PKWY
STE 150
DESTIN, FL 325413354 US

New Mailing Address:

34851 EMERALD COAST PKWY
STE 150
DESTIN, FL 325413354 US

FEI Number: 59-3245901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUNNELS, DAVAGE J III
36468 EMERALD COAST PKWY
BLDG II, STE 2101
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

RUNNELS, DAVAGE J III
36468 EMERALD COAST PKWY
STE 2101
DESTIN, FL 325413723 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCNEIL, JOHN A JR
Address: 4502 OLDE PLANTATION PL
City-St-Zip: DESTIN, FL

Title: DS () Delete
Name: BLOUNT, W. HOUSTON
Address: 50 CROSS CREEK DR. WEST
City-St-Zip: BIRMINGHAM, AL 35213

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCNEIL, JOHN A JR
Address: 4502 OLDE PLANTATION PL
City-St-Zip: DESTIN, FL 325413425 US

Title: D (X) Change () Addition
Name: BLOUNT, W. HOUSTON
Address: P. O. BOX 832
City-St-Zip: LAKE WALES, FL 338590832 US

Title: ST () Change (X) Addition
Name: KLINE, THOMAS W
Address: 220 MATTIES WAY
City-St-Zip: DESTIN, FL 325413421 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. KLINE

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05/01/2002

Electronic Signature of Signing Officer or Director

Date