

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1996 SEP 23 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00



APPLICATION
1996 FOR
Annual Report

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P95000025421

1. Corporation Name
BLACKLIDGE INTERNATIONAL, INC.

Principal Place of Business Mailing Address

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/29/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Chairman, CEO	N. Wayne Wade	248 Jenkins Road	Moselle, MS 39459
P	John Layton	10480 Reichold Road	Gulfport, MS 39505
S, T	Randy Blacklidge	10480 Reichold Road	Gulfport, MS 39505
VP	Don Parker	621 Avocet Street	McAllen, TX 78504
Board Member	Jack Everitt	502B Idlewild	Hattiesburg, MS 39402
Board Members	James M. Patton Joe Ashley Don Fingers	14356 W. Swan Road 109 S. 27th Avenue 5150 38th Street South	Gulfport, MS 39503 Hattiesburg, MS 39401 St. Petersburg, FL 33711

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MINTMIRE, DONALD F 265 SUNRISE AVE. SUITE 204 PALM BEACH FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		SCC 9-23-96 (Remitted In Time)	
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Donald F. Mintmire* REGISTERED AGENT MUST SIGN Date 9/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *N. Wayne Wade* 9/16/96 601-583-1412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/96)