

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000025421 (5)

1. Corporation Name

BLACKLIDGE INTERNATIONAL, INC.

Principal Place of Business

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

Mailing Address

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480-3812



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1995		3a. Date of Last Report 09/23/1996	
21		26		4. FEI Number APPLIED FOR 65-056-9225		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MINTMIRE, DONALD F 265 SUNRISE AVE. SUITE 204 PALM BEACH FL 33480				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 607.1508, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, N. WAYNE	1.2 NAME	
STREET ADDRESS	248 JENKINS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOSELLE MS 39459	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYTON, JOHN	2.2 NAME	
STREET ADDRESS	10480 REICHOOLD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS 39505	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKLIDGE, RANDY	3.2 NAME	
STREET ADDRESS	10480 REICHOOLD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS 39505	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, DON	4.2 NAME	
STREET ADDRESS	621 AVOCET STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCALLEN TX 78504	4.4 CITY-ST-ZIP	
TITLE	M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERITT, JACK	5.2 NAME	
STREET ADDRESS	602B IDLEWILD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HATTIESBURG MS 39402	5.4 CITY-ST-ZIP	
TITLE	M	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, JAMES M	6.2 NAME	
STREET ADDRESS	14356 W. SWAN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS 39503	6.4 CITY-ST-ZIP	

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: *N. Wayne Wade* 1-6-97

CR2E034 (9/96)