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

FILED **PROFIT** May 07 1997 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # S65938 (0)B.L.W., INC. Principal Place of Business Maiting Addres 743 HWY 80 E 743 HWY 98 STE #5 DESTIN FL 32541 STE #5 DESTUM FL 32541-2574 3. Date Incorporated or Qualified 3a. Date of Last Report 07/09/1991 07/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3085780 Not Applicable 12870 U.S. 98 West Sulte, Apt. #, etc. 26 \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State Destin, Florida City & State \$5.00 May Be 6. Election Campaign Financing Destin, Florida 28 Trust Fund Contribution Added to Fees Zig 32541 Country Walton waIton B. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutos 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOVELACE, DEWITT M. Dewitt M. Lovelace et Address (P.O. Box Number is Not Acceptable) 12870 US 98 WEST 82 **DESTON FL 32541** 12870 U.S. 98 West 83 R4 32541 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 harne of registered agent and littent applicable (NOTE Engistered Agent Egnature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change □ DELETE Addition TITLE 1.1 HILE LOVELACE, DEWITT A NAME 1.2 NAME Dewitt M. Lovelace 1174 TROON DRIVE STREET ADDRESS 1.3 STREET ADDRESS 3253 Burnt Pine Cove **DESTIN FL** CITY-ST-ZIP 1.4 O/LY - ST - ZIP Destin, Florida 32541 DELETE TITLE 21 TITLE Change ___ Addition LOVELACE, SUSAN NAME 2.2 NAME Susan F. Lovelace 1174 TROON DRIVE 3253 Burnt Pine Cove STREET ADDRESS 2.3 STREET ADDRESS **DESTON FL** Destin, Florida 32541 CITY-ST-ZIP 2.4 CITY-ST-7P DELETE Change ___ Addition TITLE 31 11711 OWEN, DAVID A NAME 3.2 NAM6 743 HWY 98E #5 STREET ADDRESS **3.3 STREET ADDRESS DESTIN FL** CITY-ST-ZIP 3 4. C:1Y - S1 - ZIF DELFTE TITLE 4111716 ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DETETE Change Addition TITLE 5 1 11111 NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-7IP 🔲 DÉTETÉ Change Addition TITLE 6 1 101LE

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 eath; 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 13 if changed, or on an attachment with an address

6.4 CHY - S1 - ZIP

6.3 STREET ADDRESS

62 NAMI

NAME

STREET ADDRESS

CITY-ST-ZIP

Dewitt M. Lovelace

04/02/97 004 027 55