FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 19962-546 DIVISION OF CORPORATIONS (9) (9) H88526 **DOCUMENT # BCI, INCORPORATED** Principal Place of Business Mailing Address 5147 WEST CLIFTON ST. 5147 WEST CLIFTON ST. TAMPA FL 33634 TAMPA FL 33634 3. Date Incorporated or Qualified 3a. Date of Last Report 12/03/1985 02/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2606646 Not Applicable Suite, Apt. #, etc. Suite, Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 \Box Trust Fund Contribution Added to Fees Zγp Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name APICELLA, CLAIRE D 82 Street Address (P.O. Box Number is Not Acceptable) 306A BUNGALOW PARK SOUTH **STE 708** 83 **TAMPA FL 33609** City 84 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. S:GNATURE Signature, typed or printed name of registered agent and title if approable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD THE DELETE 1.1 TITLE ☐ Change ☐ Addition HATTON, JAMES G. NAME 1.2 NAME R2E034 5147 W CLIFTON ST STREET ADDRESS 13 STREET ADDRESS CH + - \$1 - 719 TAMPA FL 14 CITY-ST-ZIP TITLE DELETE 2. 1 TITLE Addition NAM 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 CITY - \$1 - 2IP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS C:1Y-S1-Z-F 3.4 CITY - ST - ZIF 1116 DELETE 4. 1 TIFLE Change ■ Addition MAMS 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-ZIP 44 CITY - ST - ZIP ₩.6 DELETE 5 1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS. 5.3 STREET ADDRESS CHIY-SI-ZiP 5 4 CITY - ST - ZIP Tille DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME SPREET ADDRESS 63 STREET ADDRESS CHY ST-ZIP 6.4 DITY-ST-ZIP 14. Ide hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplementally that the analysis annual report of the corporation or the receiver or tristee emprovered 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 any address.

SIGNATURE:

SIGNATURE AND TYPED