

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 10:33

DOCUMENT # **P93000082205 (4)**

1. Corporation Name  
**BCM SERVICES INC.**

Principal Place of Business      Mailing Address  
**9551 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE FL 32256**      **9551 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/02/1993**      **03/10/1994**

4. FEI Number      Applied For  
**59-3210432**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution       **\$5.00 May Be  
Added to Fees**

6. This corporation has liability for intangible tax under C. 199.002,  
Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**WALLACE, L. D  
9551 BAYMEADOWS RD.  
SUITE 4  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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      DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      DP  
NAME      WALLACE, L D  
STREET ADDRESS      9551 BAYMEADOWS ROAD, SUITE 4  
CITY ST ZIP      JACKSONVILLE FL

TITLE      VST  
NAME      BLEVINS, TERRY L  
STREET ADDRESS      9551 BAYMEADOWS RD S4  
CITY ST ZIP      JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

1.1 TITLE      V       Change       Addition  
1.2 NAME      Coleman, Michael A.  
1.3 STREET ADDRESS      9551 Baymeadows Rd. Suite 4  
1.4 CITY ST ZIP      Jacksonville, FL 32256

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

14. I do 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 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: *Terry Blevins, Vice President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Terry Blevins*

*3/24/95*      904-276-0998  
Date      Telephone Number