

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000082205 (4)**

1. Corporation Name
BCM SERVICES INC.



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

3. Date Incorporated or Qualified: **12/02/1993** 3a. Date of Last Report: **04/12/1995**
4. FEI Number: **59-3210432** Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 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: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, Florida Statutes, the above named corporation submits the 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 Sections 607.0102, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	COLEMAN, MICHAEL A.	
STREET ADDRESS	9551 BAYMEADOWS RD. SUITE 4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BLEVINS, TERRY L	
STREET ADDRESS	9551 BAYMEADOWS RD S4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.10 NAME	President/Director
13.11 STREET ADDRESS	L. Denise Wallace
13.12 CITY-STATE-ZIP	9551 Baymeadows Rd Suite 4 Jacksonville, FL 32256
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that no corporation shall have the same legal effect as if made under oath, but I am an officer or director of the corporation or the registrar or trustee or power of attorney holder or power of attorney holder 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: *L. Denise Wallace, Inc.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. Denise Wallace, President

4-11-96 (904) 755-2249

CR2E034 (12/95)