

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

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90102 040 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000082205

1. Corporation Name
BCM SERVICES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9551 BAYMEADOWS RD, SUITE 4, JACKSONVILLE FL 32256, US
 Mailing Address: 9471 BAYMEADOWS RD, SUITE 404, JACKSONVILLE FL 32256, US

3. Date Incorporated or Qualified: **12/02/1993**
 4. FEI Number: **59-3210432**
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 9471 Baymeadows Rd, 22 Suite 404, 23 Jacksonville, FL, 24 Zip 32256, 25 Country USA
 2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, 29 Country

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): **9471 Baymeadows Road**
 83 Suite 404
 84 City: **Jacksonville**, 85 Zip Code: **FL 32256**

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	COLEMAN, MICHAEL A.
STREET ADDRESS	9471 BAYMEADOWS RD, SUITE 404
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VST <input type="checkbox"/> DELETE
NAME	BLEVINS, TERRY L
STREET ADDRESS	9471 BAYMEADOWS RD, SUITE 404
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	L DENISE WALLACE
STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *By: L. Denise Wallace (Pres)* **L. DENISE WALLACE** 2/19/99 (904) 739-2249
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)