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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000067859 (5)**

1. Corporation Name

BUSINESS VENTURE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
770 A1A BEACH BLVD. SUITE B ST AUGUSTINE BEACH FL 32084	770 A1A BEACH BLVD. SUITE B ST AUGUSTINE BEACH FL 32084

3. Date Incorporated or Qualified: 08/28/1995

3a. Date of Last Report:

4. FEI Number: 59-3332902 ☐ 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	2a. Mailing Address
21 15 8th St.	26 15 8th St, St. Aug, FL 32084
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 St. Augustine, FL	City & State 28 St. Augustine, FL
Zip 24 32084 Country 25 USA	Zip 29 32084 Country 30 USA

9. Name and Address of Current Registered Agent

SKINNER, DAVID C JR
770 A1A BEACH BLVD, SUITE B
ST AUGUSTINE BEACH FL 32084

10. Name and Address of New Registered Agent

81 Name: Skinner David C. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 15 8th St.
83
84 City: St. Augustine, FL 85 Zip Code: 32084

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 if not on registered agent's application) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SKINNER, DAVID C JR		1.2 NAME	Skinner, David C. Jr.	
STREET ADDRESS	770 A1A BEACH BLVD, SUITE B		1.3 STREET ADDRESS	15 8th St.	
CITY-ST-ZIP	ST AUGUSTINE BEACH FL 32084		1.4 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added above or on an attached sheet with an address.

SIGNATURE: _____ 4/18/96 904 471 4262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #