

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 186896 (7)
1. Corporation Name
BEND, INC.



Principal Place of Business

231 E ADAMS ST.
JACKSONVILLE FL 32202-0372

Mailing Address

231 E ADAMS ST.
JACKSONVILLE FL 32202-0372

3. Date Incorporated or Qualified 07/30/1955	3a. Date of Last Report 01/20/1995
4. FEI Number 59-6081091	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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

WILLIAMS, E. R
231 E. ADAMS ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE E Robert Williams

1/26/96

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	FELTON, CARLE A JR.	
3. STREET ADDRESS	231 EAST ADAMS ST.	
4. CITY, ST, ZIP	JACKSONVILLE, FL 00000	
5. TITLE	SD	☐ DELETE
6. NAME	WILLIAMS, ROBERT E	
7. STREET ADDRESS	231 E. ADAMS ST	
8. CITY, ST, ZIP	JACKSONVILLE FL	
9. TITLE	TD	☐ DELETE
10. NAME	WIRTZ, GREGG L	
11. STREET ADDRESS	231 E. ADAMS STREET	
12. CITY, ST, ZIP	JACKSONVILLE FL	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. 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 periodic 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:

E Robert Williams

1/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)