FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:33

DOCUMENT # **262279** **(3)**

1. Corporation Name

~~BO-MAC INC~~

B.L. & Myrtle, Inc.

Principal Place of Business	Mailing Address
90 FORREST AVE COCOA FL 32922	90 FORREST AVE COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1962
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 5801 Bolling Drive
Suite, Apt. #, etc. 22
City & State 23 Orlando, Fl 32808
Zip 24 32808 Country 25 Orange

2a. Mailing Address 26 5801 Bolling Dr.
Suite, Apt. #, etc. 27
City & State 28 Orlando, FL 32808
Zip 29 32808 Country 30 orange

4. FEI Number: 59-1021688 ☐ 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

9. Name and Address of Current Registered Agent

MCMICHEN,MYRTLE L
5801 BOLLING DR
ORLANDO FL 32808

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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MC MICHEN, B.L., SR.	12 NAME	
STREET ADDRESS	5801 BOLLING DRIVE	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DAWSON, CECELIA O.	22 NAME	
STREET ADDRESS	167 HIBISCUS ROAD	23 STREET ADDRESS	
CITY ST ZIP	EDGEWATER FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MCMICHEN, BERNIST L., JR	32 NAME	
STREET ADDRESS	3460 S. TROPICAL TRAIL	33 STREET ADDRESS	
CITY ST ZIP	MERRITT ISLAND FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MCMICHEN, RAYMOND R.	42 NAME	
STREET ADDRESS	1475 N. FRIDAY ROAD	43 STREET ADDRESS	
CITY ST ZIP	COCOA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MC MICHEN, MYRTLE L.	52 NAME	
STREET ADDRESS	5801 BOLLING DRIVE	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Myrtle L McMichen , Myrtle L. McMichen 3-27-95 407 295 5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #