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 JAN 31 AM 8:41

DOCUMENT # 299784 (9)

1. Corporation Name
BUSINESS INVESTORS OF MILTON INCORPORATED

Principal Place of Business	Mailing Address
306 1/2 A. CAROLINE ST., S.W. MILTON FL 32570	306 1/2 A. CAROLINE ST., S.W. MILTON FL 32570

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1965
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 6588 Highway 90	26 6588 Highway 90
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Milton, Florida	City & State 28 Milton, Florida
Zip / Country 24 32570 / 25 Santa Rosa	Zip / Country 29 32570 / 30 Santa Rosa

4. FEI Number: 59-0685746 ☐ 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	10. Name and Address of New Registered Agent
SPENCER,J E 306 1/2 A CAROLINE ST. MILTON FL 32570	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6588 Highway 90 83 84 City Milton FL 85 Zip Code 32570

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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	SPENCER,J E	1.2 NAME	
STREET ADDRESS	306 1/2 A CAROLINE ST.	1.3 STREET ADDRESS	6588 Highway 90
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	Milton, Florida 32570
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	SPENCER,C H	2.2 NAME	
STREET ADDRESS	306 1/2 A CAROLINE ST.	2.3 STREET ADDRESS	6588 Highway 90
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Milton, Florida 32570
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SPENCER,W C	3.2 NAME	
STREET ADDRESS	6650 PTARMINGAN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SPENCER, W. C.	4.2 NAME	
STREET ADDRESS	6650 PTARMINGAN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ 1-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0470003 FP