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

APPROVED AND FILED
95 JAN 27 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 323772 (4)

1. Corporation Name
B.F.L. CORPORATION, INC.

Principal Place of Business	Mailing Address
500 EDWARD BALL BUILDING JACKSONVILLE FL 32202-4388	500 EDWARD BALL BUILDING JACKSONVILLE FL 32202-4388

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1967
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2321 LIBERTY STREET
Suite, Apt. #, etc.
22 P.O. BOX 3035
City & State
23 JACKSONVILLE, FL
24 Zip 32206 25 Country DUVAL

2a. Mailing Address
25 2321 LIBERTY STREET
Suite, Apt. #, etc.
27 P.O. BOX 3035
City & State
28 JACKSONVILLE, FL
29 Zip 32206 30 Country DUVAL

4. FEI Number: 59-1196709 ☐ 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

SELBER, LEONARD A
C/O HOLLAND & KNIGHT, INC.
50 NORTH LAURA ST., SUITE 3900
JACKSONVILLE FL 32202

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SETZER, LEONARD R	1.2 NAME	
STREET ADDRESS	2623 FOREST CIRCLE CT	1.3 STREET ADDRESS	600001395456
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	-02/01/95--01066--003
TITLE	STD	2.1 TITLE	****200.00 ☐ Change ☐ Addition
NAME	BENTLEY, C. ALAN	2.2 NAME	
STREET ADDRESS	2321 LIBERTY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KEMPNER, FRANCINE T.	3.2 NAME	
STREET ADDRESS	2321 LIBERTY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	LEHNARTZ, D.	4.2 NAME	DELETE
STREET ADDRESS	2321 LIBERTY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE 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	1/27/95 MS

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: C. Alan Bentley 1/24/95 (904) 350-9523
* SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: C. ALAN BENTLEY — Date — Daytime Phone #

0405042 FP