

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90059 013 \*\*\*150.00

**DOCUMENT # 346288**

1. Corporation Name

**B G C INC**

Principal Place of Business

**16405 U.S. HIGHWAY 19  
HUDSON FL 34667**

Mailing Address

**16405 U.S. HIGHWAY 19  
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/15/1969**

4. FEI Number

**59-1262588**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 16210 U.S. Hwy 19**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 16210 U.S. Hwy 19**  
Suite, Apt. #, etc.

**22**

**27**

City & State

**23 Hudson, Florida**

City & State

**28 Hudson, Florida**

Zip

Country

**24 34667 25 USA**

Zip

Country

**29 34667 30 USA**

9. Name and Address of Current Registered Agent

**ZEOLI, SAM JR  
8413 JACARANDA AVE  
SEMINOLE FL 33777**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
HUNT, BILL H.**  
STREET ADDRESS **700 HUNT ROAD**  
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE

NAME **VD  
HUNT, GEORGE A. III**  
STREET ADDRESS **921 COLLEGE HILL DRIVE**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **SD  
THOMPSON, BILLY JOE**  
STREET ADDRESS **16405 US HWY 19**  
CITY-ST-ZIP **HUDSON FL**

TITLE ☐ DELETE

NAME **TD  
ZEOLI, SAM JR**  
STREET ADDRESS **8413 JACARANDA AVE**  
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**SD  
Billy Joe Thompson  
16210 U.S. Hwy 19  
Hudson, Florida 34667**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

727-863-1556

Daytime Phone #

CR2E034 (1/98)