

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90003 044 ***150.00

0118421

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 364824

1. Corporation Name

BCI, COMPONENTS, INC.

Principal Place of Business

**3006 BOB WALLACE AVE.
P.O. BOX 1332
HUNTSVILLE AL 35807**

Mailing Address

**3006 BOB WALLACE AVE.
P.O. BOX 1332
HUNTSVILLE AL 35807**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1970

4. FEI Number

59-1294094

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 owes the current year
Intangible Personal Property.

☐ Yes

☒ No

2. Principal Place of Business

21 735 ASHLEY LAINE WALK

2a. Mailing Address

26 735 ASHLEY LAINE WALK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State—

23 LAWRENCEVILLE, GA

City & State—

28 LAWRENCEVILLE, GA

Zip

24 30043

Country

Zip

29 30043

Country

30

9. Name and Address of Current Registered Agent

**MORRIS, STEVE
4807 SE 14TH ST.
OCALA FL 32671**

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 **V** ☒ DELETE
NAME **ANDERSON, SCOTT**
STREET ADDRESS **105 SILVER OAK LANE**
CITY-ST-ZIP **HUNTSVILLE AL**

TITLE **P** ☒ DELETE
NAME **GIBSON, RALPH**
STREET ADDRESS **735 ASHLEY LAINE WALK**
CITY-ST-ZIP **LAWRENCEVILLE GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE:

Ralph Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/99
Date

770-962-6824
Daytime Phone #

CR2E034 (5/99)

BRUMBELOW AND BARNES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
3309 BOB WALLACE AVENUE
HUNTSVILLE, ALABAMA 35805
(256) 536-3513 / FAX (256) 534-4771

364824
610992

FLOYD C. BRUMBELOW, C.P.A.
J. RANDALL BARNES, C.P.A.

MELISSA D. JOSE, C.P.A.
CAMILLA M. WATTS, C.P.A.
STEPHEN E. ARMSTRONG, C.P.A.

August 19, 1999

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: BCI, Inc.
735 Ashley Lane Walk
Lawrenceville, GA 30243
Federal ID # 59-1294094
Form: 1999 Profit Corporation Annual Report

Dear Mr. Tomer:

The above referenced corporation recently received a second notice for filing the 1999 Profit Corporation Annual Report. The corporation had not received a previous request for filing this form.

The corporation had major internal changes resulting in the main operations being moved from Huntsville, AL to Lawrenceville, GA. This move may have been the reason no first notice was received. Please change your records to reflect the new address listed above.

Due to the above circumstances we respectfully request that the penalty be abated. Thank you in advance for your consideration.

Sincerely,

Stephen Armstrong
Certified Public Accountant