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 17 AM 11:40

DOCUMENT # **437132** **(4)**

1. Corporation Name
BANDY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
116 N. SEAWALLS PT. RD. STUART FL 34996 US	116 N. SEAWALLS PT. RD. STUART FL 34996 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1973
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1487851 ☐ 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

BESSEMER, W, K
1103 TILTON RD
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0[illegible], 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
(If changing registered office or registered agent, or both, type or print name and title of signer above) (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	BESSEMER,WM. J.	12 NAME		
STREET ADDRESS	116 N. SEWALLS PT. RD	13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	34996	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	BESSEMER, MAXINE	22 NAME		
STREET ADDRESS	116 SEWALLS PT RD.	23 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	34996	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	TILTON,C. NORRIS	32 NAME		
STREET ADDRESS	155 RIVER COURT	33 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	34 CITY-ST-ZIP	34958	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BESSEMER,WM. J.	42 NAME		
STREET ADDRESS	166 N. SEWALLS PT RD.	43 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	44 CITY-ST-ZIP	34996	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	BESSEMER, WM K.	52 NAME		
STREET ADDRESS	1003 TILTON RD.	53 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL	54 CITY-ST-ZIP	34953	
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	BESSEMER, TAMARA A	62 NAME		
STREET ADDRESS	7270 SILVER OAK DR.	63 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL	64 CITY-ST-ZIP	34951	

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: E. Maxine Bessemer VP 1/4/95 407-336-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E MAXINE BESSEMER

0301330 CP