

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Northam
Secretary of State
CORPORATE DIVISION

**APPROVED
AND
FILED**

95 MAY -1 AM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **606223** (6)

1. Corporation Name
CHISHOLM & CO.

Principal Place of Business Mailing Address
**C/O JAMES H. CHISHOLM
4 CALEDONIA CRESCENT
KINGSTON 5, JAMAICA, W.I.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		28. Mailing Address		3. Date Incorporated or Created 01/10/1979	3a. Date of Last Report 05/01/1994
21. State Apt # et	26. State Apt # et	4. FEI Number 59-1888821		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. ZIP	28. ZIP	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. City	25. City	29. City		30. County	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199(2)(b), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHISHOLM, JAMES H. 1345 NE 204 TERRACE MIAMI FL 33179	10. Name and Address of New Registered Agent				
	81. Name				
	82. Street Address (P.O. Box Number is Not Acceptable)				
	83. City				
	84. City	FL	85. Zip Code		

11. Pursuant to the provisions of Sections 607.0402 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 Sections 607.0402, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE S. TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PTD CHISHOLM, JAMES H. 4 CALEDONIA CRESCENT KINGSTON 5 JAMAICA		13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME D CHISHOLM, MARCI A. 9105 S.W. 202 TERRACE MIAMI FL		13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME D CHISHOLM, JUNE A. 1345 NE 204 TERRACE MIAMI FL 33179		13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME D CHISHOLM, JACQUELINE E. 5 BEVERLY DRIVE KINGSTON 6 JAMAICA		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199(2)(b), Florida Statutes. I further certify that the information included 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 in the state that I am an officer or director of this corporation or the owner or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed or not) as authorized with an address.

SIGNATURE: **JAMES H. CHISHOLM** 24th APRIL 1995 PLO- 809 9298758

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **606711** (0)

1. Corporation Name
B & G INVESTMENT COMPANY, INC.

Principal Place of Business
**3262 LKS WASHINGTON ROAD
MELBOURNE FL 32904-7620**

Mailing Address
**3262 LKS WASHINGTON ROAD
MELBOURNE FL 32904-7620**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3b. Date of Last Report
21		26		01/16/1979	03/29/1994
22		27		4. FEI Number	Applied For
23		28		59-2796294	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
30		31		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
32		33		6. This corporation has liability for intangible tax under § 193.05, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GEORGE, VERLON H. 3262 LKS WASHINGTON ROAD MELBOURNE FL 32904				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3	City		
				B4	FL	B5	Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, ELIZABETH J.	1. NAME	
STREET ADDRESS	3660 HEARTWOOD LN	1. STREET ADDRESS	
CITY, ST, ZIP	MELBOURNE FL	1. CITY, ST, ZIP	
TITLE	P	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, VERLON H	2. NAME	
STREET ADDRESS	3660 HEARTWOOD LN	2. STREET ADDRESS	
CITY, ST, ZIP	MELBOURNE FL	2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 193.05(1)(b) Florida Statutes. I do hereby certify that the information included on the 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 any amendments or changes to the corporation or trustee information needed to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or is an attachment thereto, will be as shown.

SIGNATURE: *Elizabeth J. George*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Elizabeth George

4-7-95 407-242-9931