FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **638652** **(8)**

1. Corporation Name

B.G.S., INCORPORATED

Principal Place of Business	Mailing Address
~~2560 EMERSON ST~~ JACKSONVILLE FL 32207	~~1437 SAN MARCO BLVD.~~ JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: **10/04/1979**

3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 5929 POWERS AVE
City & State
23 JACKSONVILLE FL
Zip 24 32217 Country 25 DUVAL

2a. Mailing Address
26 5929 POWERS AVE
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE FL
Zip 29 32217 Country 30 DUVAL

4. FEI Number: **59-1937180** ☐ 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

PAUL, SUZANNE M
~~1437 SAN MARCO BLVD.~~
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: PAUL, SUZANNE M
82 Street Address (P.O. Box Number is Not Acceptable): 5929 POWERS AVE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32217

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 filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS PAUL, SUZANNE M ~~1437 SAN MARCO BLVD~~ JACKSONVILLE FL 32217	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	VPS PAUL, SUZANNE 5929 POWERS AVE JACKSONVILLE FL 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PAUL, JUDY C. ~~1437 SAN MARCO BLVD.~~ JACKSONVILLE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	PT PAUL, JUDY C 5929 POWERS AVE JACKSONVILLE FL 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ MAY 13 '96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SUZANNE M. PAUL