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 # **F29217** **(9)**

1. Corporation Name

BEDFELLOWS, INC.

Principal Place of Business

3425 THOMASVILLE RD
TALLAHASSEE FL 32308

Mailing Address

3425 THOMASVILLE RD
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: **04/10/1981**

3a. Date of Last Report: **02/10/1995**

4. FEI Number: **59-2086603** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

DZURIK, ANDREW A
209 LAKE SHORE DRIVE
TALLAHASSEE FL

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 607.150a, 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 of Current Registered Agent Required) (Signature of New Registered Agent Required) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	☐ DELETE
NAME	DZURIK, ANDREW A	
STREET ADDRESS	209 LAKE SHORE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	PD	☐ DELETE
NAME	DZURIK, DIANE L	
STREET ADDRESS	209 LAKE SHORE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VSD	☐ DELETE
NAME	DAVIS, NANCY M	
STREET ADDRESS	1202 BETTON ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	☐ DELETE
NAME	BROSCH, GARY L	
STREET ADDRESS	2200 LOCUST ST NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
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 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: Diane L Dzurik, DIANE L. DZURIK, 1/16/96 (904) 893-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (12/95)