## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of S DIVISION OF CORP TIONS 1996 (3) DOCUMENT # BP, INC, OF TALLAHASSEE Principal Place of Business Mailing Address 1174 CAPITAL CIRCLE SE 1174 CAPITAL CIRCLE SE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 3. Date Incorporated or Qualified 3a. Date of Last Report 05/12/1981 02/10/1995 2. Principal Place of Bysiness 21 1196 Coolin Circle SE 4. FEI Number 2a. Mailing Address Applied For 59-2158137 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Stat City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees This corporation has liability for intangible Florida Statutes Yes vtax under s. 199.032. Zio C 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALKER, CLAUDE Street Address (P.O. Box Number is Not Acceptable) 1330 THOMASVILLE RD TALLAHASSEE FL 32303 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the at or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. /e-named corporation submits this statement for the purpose of changing its registered office orporation's board of directors. I hereby accept the appointment as registered agent. I am (NOTE: Register Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 ☐ Addition DELETE TITLE 1 1 CR2E034 ( PETRANDIS, JIMMY G 121 ME. NAME 1174 CAPITAL CIRCLE, SE STREET ADDRESS 13 REET ADDRESS TALLAHASSEE FL IY-SI-ZIP CITY-ST-ZIP 140 ☐ Change ☐ Addition DELE16 2 1 ILE TITLE PETRANDIS, JOHNNY G 22 N .ME NAME 1174 CAPITAL CIRCLE, SE 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY - ST - ZIP 2 4 CITY - \$1 - ZIP Change Addition TITLE DELETE 3 1 TITLE 3.2 NAME NAME STHEET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3 4 CITY - S1 - ZIP Change Addition DELETE THE 4 1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST 20P CITY - ST - ZIP DELE16 ☐ Change Addition 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STHEET ADDRESS CHTY-ST-7IP 5.4 CITY - ST - ZIP ☐ Change Addition DELETE 6. 1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST- ZIP CHY-ST-ZIP 14. I do heroby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther certify that the information indicated on this annual report or supplier initial 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 1 with an address.

ING OFFICER OR DIRECTOR

Darbord Free 6 #

SIGNATURE: