

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 20 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F62996 (6)

1. Corporation Name

BCIC, INC.

Principal Place of Business

2921 EDISON AVE.
JACKSONVILLE FL 32254
US

Mailing Address

2921 EDISON AVE.
JACKSONVILLE FL 32254
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified
01/13/1982

3a. Date of Last Report
01/31/1994

2. Principal Place of Business

21 2351 Covington Creek Cir E.
Suite, Apt. #, etc.

2a. Mailing Address

24 2351 COVINGTON CREEK CIRCLE E.
Suite, Apt. #, etc.

4. FEI Number
E. 59-2156487

Applied For
Not Applicable

22 City & State
Jax, FL 32224

27 City & State
Jacksonville, FL

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

23 32224 25 US

29 32224 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, GERALD L.
2921 EDISON AVE.
JACKSONVILLE FL 32254

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2351 Covington Creek Cir E.

84 City

Jacksonville

FL

85 Zip Code
32224

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

Gerald L. Bennett, GERALD L. BENNETT, PRES

JULY 11, 1995

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE PS
NAME BENNETT, GERALD L.
STREET ADDRESS 2921 EDISON AVE.
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2351 Covington Creek Circle E.
1.4 CITY-ST-ZIP Jax, 32224

TITLE DP
NAME BENNETT, GERALD L.
STREET ADDRESS 2921 EDISON AVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2351 Covington Creek Circle E.
2.4 CITY-ST-ZIP Jax, FL 32224

TITLE V
NAME BENNETT, D.E.
STREET ADDRESS 2921 EDISON AVE.
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS REMOVE AS OFFICER
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

Gerald L. Bennett

(Signature and typed or printed name of signing officer or director)

GERALD L. BENNETT

JULY 11, 1995

904 221-3666

Date

Telephone