

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001947 (0)

1. Corporation Name
B.H.M.C., INC.

Principal Place of Business

4836 CORTEZ RD., WEST
BRADENTON FL 34210

Managing Agent

4836 CORTEZ RD., WEST
BRADENTON FL 34210



2. Principal Place of Business

21 2965 Bee Ridge Rd.

22 Suite A

23 Sarasota, FL

24 34239

2a. Managing Agent

26 2965 Bee Ridge Rd.

27 Suite A

28 Sarasota, FL

29 34239

9. Name and Address of Current Registered Agent

MORSE, GRANT
1510 - 1ST AVE., WEST
SUITE 302
BRADENTON FL 34205

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

04/11/1995

4. F.I. Number

58-2047417

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

10. Name and Address of New Registered Agent

81 Name
MORSE, GRANT
82 Street Address - P.O. Box Number is Not Acceptable
5141 Wedge Ct E
83
84 City
Bradenton
FL 85 Zip Code
34203

11. Pursuant to the provisions of Section 607.02(2) and 607.05(1), 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 in and familiar with, and accept the obligations of, Section 607.05(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
P
MORSE, GRANT
STREET ADDRESS
5141 WEDGE COURT E
CITY, ST, ZIP
BRADENTON FL

TITLE
NAME
S
BALLACHINO, SAM
STREET ADDRESS
5141 WEDGE COURT E
CITY, ST, ZIP
BRADENTON FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is true, correct, and does not qualify for the exemption stated in Section 119.02(3)(a), Florida Statutes. I further certify that the information indicated in this report is true and correct 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
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95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

44196

941-923-6752

CR2E034 (12/95)