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Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000001947 (0)

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



Principal Place of Business

2965 BEE RIDGE ROAD  
SUITE A  
SARASOTA FL 34239  
US

Mailing Address

2965 BEE RIDGE ROAD  
SUITE A  
SARASOTA FL 34239-7113  
US

2. Principal Place of Business

21 10681 Airport Pulling RD N  
Suite, Apt. #, etc. Suite 24  
22 City & State Naples, FL  
23 Zip 34109 Country

2a. Mailing Address

26 10681 Airport Pulling RD N  
Suite, Apt. #, etc. Suite 24  
27 City & State Naples FL  
28 Zip 34109 Country

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

04/19/1996

4. FEI 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

9. Name and Address of Current Registered Agent

MORSE, GRANT  
5141 WEDGE COURT E  
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name

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

10681 Airport Pulling RD N  
Suite 24

84 City Naples

FL

85 Zip Code 34109

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 filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	MORSE, GRANT	
STREET ADDRESS	5141 WEDGE COURT E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	DELETE
NAME	BALLACHINO, SAM	
STREET ADDRESS	5141 WEDGE COURT E	
CITY-ST-ZIP	BRADENTON FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	MORSE, GRANT	
1.3 STREET ADDRESS	10681 Airport Pulling RD N Suite 24	
1.4 CITY-ST-ZIP	NAPLES, FL 34109	
2.1 TITLE	Change	Addition
2.2 NAME	BALLACHINO, SAM	
2.3 STREET ADDRESS	10681 Airport Pulling RD N Suite 24	
2.4 CITY-ST-ZIP	NAPLES, FL 34109	
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 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:

SAMUEL R. BALLACHINO  
1-10-97  
SAMUEL R. Ballachino (941) 594-9412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)