

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000004582 (1)**

1. Corporation Name
B.M.L., INC



Principal Place of Business Mailing Address
**215 WEST NEW ROAD, SUITE 200
GREENFIELD IN 46140**

3. Date Incorporated or Qualified **09/20/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **35-1961319** 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

10. Name and Address of New Registered Agent

**WINNETT, R. DAN
101 ORANGE-CO CIRCLE N.E.
WINTER HAVEN FL 33881**

81 Name **Ebright, Paul A.**
82 Street Address (P.O. Box Number is Not Acceptable) **101 Orange-Co Circle N.E.**
83 **Winterhams**
84 City **FL** 85 Zip Code **33881**

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 *Paul A. Ebright*
Signature type for purpose of registered agent and the applicable (NOTE: Registered Agent signature required when registering)

DATE: **6-18-96**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	P		
NAME	GREENWALT, R. LYNN		
STREET ADDRESS	1308 N. APPLE		
CITY-ST-ZIP	GREENFIELD IN 46140		
TITLE	VT		
NAME	WHISENANT, BLAKE		
STREET ADDRESS	19725 STATE RD. 62		
CITY-ST-ZIP	PARRISH FL 34219-0279		
TITLE	S		
NAME	GREENWALT, R. MAX		
STREET ADDRESS	5431 SUGAR HILL DR.		
CITY-ST-ZIP	GREENFIELD IN 46140		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE			
12 NAME			
13 STREET ADDRESS	2424 E. 600 N.		
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Lynn August*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **6/10/96** (317) 462-8048

CR2E034 (3/96)