

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004582 (1)**  
 1. Corporation Name  
**B.M.L., INC**



Principal Place of Business <b>215 WEST NEW ROAD, SUITE 200 GREENFIELD IN 46140</b>	Mailing Address <b>215 WEST NEW ROAD, SUITE 200 GREENFIELD IN 46140</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/20/1995</b>	
21. Suite, Apt. #, etc	22. City & State	26. Suite, Apt. #, etc	27. City & State	4. FEI Number <b>35-1961319</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>EBRIGHT, PAUL A 101 ORANGE CO CIRCLE N.E. WINTER HAVEN FL 33881</b>				10. Name and Address of New Registered Agent	
81. Name <b>Sherry Knapp</b>		82. Street Address (P.O. Box Number is Not Acceptable) <b>101 Orange - CO Circle N.E.</b>		83. City <b>Winter Haven</b>	
84. City		85. Zip Code <b>FL 33881</b>			

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: **Sherry Knapp** (Signature typed, printed name of registered agent and title if applicable) *Sherry Knapp* (NOTE: Registered Agent signature required when reinstating) **Feb. 09. 98** (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENWALT, R. LYNN</b>	1.2 NAME	
STREET ADDRESS	<b>2424 E 600 N</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENFIELD IN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHISENANT, BLAKE</b>	2.2 NAME	
STREET ADDRESS	<b>19725 STATE RD. 62</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARRISH FL 34219-0279</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENWALT, R. MAX</b>	3.2 NAME	
STREET ADDRESS	<b>5431 SUGAR HILL DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENFIELD IN 46140</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *R. Lynn Greenwalt* *R. Lynn Greenwalt* **1/13/98** **(317) 462-8048**

CP2E034 (10/97)