

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

0625901

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
09/20/1995
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004582

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



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

DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified	09/20/1995
4. FEI Number	35-1961319
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

KNAPP, SHERRY
101 ORANGE CO CIRCLE NE
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name	CAPITAL CONNECTIONS, INC.
82 Street Address (P.O. Box Number is Not Acceptable)	417 EAST VIRGINIA STREET
83	SUITE 1
84 City	TALLAHASSEE FL
85 Zip Code	32301

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: *Chris Greenwalt* (NOTE: Registered Agent signature required when reinstating) DATE: **6/25/99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GREENWALT, R. LYNN	
STREET ADDRESS	2424 E 600 N	
CITY-ST-ZIP	GREENFIELD IN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WHISENANT, BLAKE	
STREET ADDRESS	19725 STATE RD. 62	
CITY-ST-ZIP	PARRISH FL 34219-0279	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREENWALT, R. MAX	
STREET ADDRESS	5431 SUGAR HILL DR.	
CITY-ST-ZIP	GREENFIELD IN 46140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300002918179-0
3.3 STREET ADDRESS	-06/29/99--01020--009
3.4 CITY-ST-ZIP	****550.00 ****550.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Blake Whisenant* DATE: **JUNE 18, 1999**

CR2E034 (1/98)