

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G35647** (8)

1. Corporation Name

BMI MANAGMENT, INC.



Principal Place of Business

**1054 KAPP DR.
CLEARWATER FL 34625**

Mailing Address

**1054 KAPP DR.
CLEARWATER FL 34625**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
04/25/1983

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2639988

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

**ROBINSON, LAWRENCE W.
1054 KAPP DR.
CLEARWATER FL 34625**

81. Name

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

83.

84. City

FL

85. Zip Code

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 third day e-mail

TITLE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

DP ROBINSON, LAWRENCE W.

1054 KAPP DR.

CLEARWATER FL

CITY-ST-ZIP

☐ DELETE

DVST GEORGE, FRANK M. JR.

1054 KAPP DR.

CLEARWATER FL

CITY-ST-ZIP

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DV TULLER, J.R.

1054 KAPP DR.

CLEARWATER FL

CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-ST-ZIP ☐ Change ☐ Addition

5. CITY-ST-ZIP ☐ Change ☐ Addition

6. CITY-ST-ZIP ☐ Change ☐ Addition

7. CITY-ST-ZIP ☐ Change ☐ Addition

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35. CITY-ST-ZIP ☐ Change ☐ Addition

36. CITY-ST-ZIP ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence W. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)