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FILED

Feb 27 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 # **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 34625-2111**



3. Date Incorporated or Qualified
04/25/1983

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 **111 Pine Avenue #D**

2a. Mailing Address

26 **111 Pine Ave**

4. FEI Number
59-2639988

Applied For
Not Applicable

Suite, Apt. #, etc

22 **#D**

Suite, Apt. #, etc

27 **Suite D**

City & State

23 **OLDSMAR, FL.**

City & State

28 **OLDSMAR, FL.**

Zip

24 **34677**

Country

25 **Pinellas**

Zip

29 **34677**

Country

30 **Pinellas**

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

ROBINSON, LAWRENCE W.

1054 KAPP DR.

CLEARWATER FL 34625 — NEW ADDRESS —>

10. Name and Address of New Registered Agent

81 Name

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

111 Pine Avenue

83 **#D**

84 City
OLDSMAR

85 Zip Code
FL 34677

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 **Lawrence Robinson, President**

Signature, typed or printed name of registered agent, and title if applicable

Lawrence Robinson

(NOTE: Registered Agent signature required when reinstating)

2/17/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **ROBINSON, LAWRENCE W**

STREET ADDRESS **1054 KAPP DR.**

CITY-ST-ZIP **CLEARWATER FL**

TITLE **DVST** ☐ DELETE

NAME **GEORGE, FRANK M. JR.**

STREET ADDRESS **1054 KAPP DR.**

CITY-ST-ZIP **CLEARWATER FL**

TITLE **DV** ☐ DELETE

NAME **TULLER, J.R.**

STREET ADDRESS **1054 KAPP DR.**

CITY-ST-ZIP **CLEARWATER 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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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: **Lawrence Robinson, President** 2-447 (813) 818-0420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)