

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G59411** (0)

1. Corporation Name

BANK RESOURCES, EQUITIES, & DEVELOPMENT, INC.

Principal Place of Business

**6400 CENTRAL AVE
ST. PETERSBURG FL 33707**

Mailing Address

**6400 CENTRAL AVE
ST. PETERSBURG FL 33707**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 3:17

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/14/1983	3a. Date of Last Report 07/05/1994
4. FEI Number 59-2332231	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	

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

9. Name and Address of Current Registered Agent

**BOZEMAN, WILLIAM O. III
6400 CENTRAL AVE.
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	☐ Change ☐ Addition
NAME	BOZEMAN, WILLIAM III	1.2 NAME	
STREET ADDRESS	6400 CENTRAL AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG, FL 00000	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	BOZEMAN, SANDRA W.	2.2 NAME	
STREET ADDRESS	6210-25TH AVE., N.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG, FL 00000	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 110.07(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, as an attachment with an address.

SIGNATURE:

William O. Bozeman III **WILLIAM O. BOZEMAN III**

1/28/95

(813) 347-3158

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone