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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # G59411

1. Corporation Name

BANK RESOURCES, EQUITIES, & DEVELOPMENT, INC.

Principal Place of Business

6400 CENTRAL AVE  
ST. PETERSBURG FL 33707

8022 STIMIE AVE. NO.  
ST. PETERSBURG, FLA 33710

Mailing Address

6400 CENTRAL AVE  
ST. PETERSBURG FL 33707

8022 STIMIE AVE. NO.  
ST. PETERSBURG, FLA 33710

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOZEMAN, WILLIAM O. III  
6400 CENTRAL AVE. 8022 STIMIE AVE. NO.  
ST. PETERSBURG FL 33707 ST. PETERSBURG, FLA.  
33710

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV ☐ DELETE

NAME BOZEMAN, WILLIAM III

STREET ADDRESS 6400 CENTRAL AVE

CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE ST ☐ DELETE

NAME BOZEMAN, SANDRA W.

STREET ADDRESS 6210 25TH AVE. N.

CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P. V. P.

BOZEMAN, WILLIAM O. III

8022 STIMIE AVE. NO.

ST. PETERSBURG, FLA 33710

SEC. TRES.

BOZEMAN, SANDRA W.

8022 STIMIE AVE. NO.

ST. PETERSBURG, FLA 33710

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(727) 892-9900

CR2E034 (11/98)