

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90190 044 ***158.75

DOCUMENT # G64073

1. Corporation Name
B. C. P. R., INC.

Principal Place of Business

1134 SQUIRREL CT
JACKSONVILLE FL 32218
US

Mailing Address

1134 SQUIRREL CT
JACKSONVILLE FL 32218
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1983

4. FEI Number

59-2425112

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 owes the current year Intangible

Personal Property Tax.



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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLEY, SIBYL S
1134 SQUIRREL CT
JACKSONVILLE FL 32218

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 ☐ DELETE

NAME CARLEY, WILLIE
STREET ADDRESS 5423 SANDERS RD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

V ☐ DELETE

NAME CARLEY, RICHARD E.
STREET ADDRESS 15728 STONE AVE N
CITY-ST-ZIP SEATTLE WA

2.1 TITLE ☐ Change ☐ Addition

C ☐ DELETE

NAME CARLEY, WILSON Z SR
STREET ADDRESS 2410 E EMMA ST
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition

P ☐ DELETE

NAME CARLEY, HENRY E
STREET ADDRESS 7821 53RD ST
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition

S ☐ DELETE

NAME CARLEY, SIBYL S
STREET ADDRESS 1134 SQUIRREL CT
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition

V ☐ DELETE

NAME BEVEL, ALBERTHA C
STREET ADDRESS 11642 JACKMAN COVE LN
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: Sibyl S. Carley Sibyl S. Carley

4/13/99 (904) 751-4132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)