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

APPROVED AND FILED

[illegible] 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G94779** **(7)**

1. Corporate Name
BMS CORP.

Principal Place of Business
218 N. U.S. HWY. 1
TEQUESTA FL 33469

Mailing Address
218 N. U.S. HWY. 1
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: **59-2427140**
☐ 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. 199.042 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STOEHR, PETER F.
218 N US HWY ONE
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

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 Section(s) 607.1907 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 [illegible] (Registered Agent signature required on this line) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title 32 Name 33 Street Address 34 City-St-Zip	DP BROEDELL, FRANK J., SR. 23 COUNTRY CLUB CR TEQUESTA FL	31 Title 32 Name 33 Street Address 34 City-St-Zip	☐ Change ☐ Addition
35 Title 36 Name 37 Street Address 38 City-St-Zip	DS MCCOMB, WILLIAM A. APT. J-201, 300 A1A JUPITER FL	35 Title 36 Name 37 Street Address 38 City-St-Zip	☐ Change ☐ Addition
39 Title 40 Name 41 Street Address 42 City-St-Zip	DVT STOEHR, PETER F. 19890 WILKINSON LEAS RD TEQUESTA FL	39 Title 40 Name 41 Street Address 42 City-St-Zip	☑ Change ☐ Addition 18096 SE Hatteras Dr.
43 Title 44 Name 45 Street Address 46 City-St-Zip		43 Title 44 Name 45 Street Address 46 City-St-Zip	☐ Change ☐ Addition
47 Title 48 Name 49 Street Address 50 City-St-Zip		47 Title 48 Name 49 Street Address 50 City-St-Zip	☐ Change ☐ Addition
51 Title 52 Name 53 Street Address 54 City-St-Zip		51 Title 52 Name 53 Street Address 54 City-St-Zip	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: [signature] Peter F. Stoehr 5/10/95 407-746-2436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0972140 CP