

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:30

DOCUMENT # J59600 (3)
1. Corporation Name
BCM INVESTMENTS, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 10729 POST OFFICE BOX 10729
P. O. BOX 950 P. O. BOX 950
PENSACOLA FL 32524 PENSACOLA FL 32524

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/19/1987	01/20/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		NOT APPLICABLE	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAROCO, JAMES H. JR. 6706 N. NINTH AVENUE PENSACOLA FL 32594				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			
				05 Zip Code			
				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 _____ DATE _____
(Signature, typed or printed name of registered agent and date of signature) (Date Registered Agent ceases to hold office when new filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAROCO, JAMES H. JR	12. NAME	
STREET ADDRESS	3603 N PALAFOX PLACE	13. STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14. CITY-ST-ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, G. PRATT, JR	22. NAME	
STREET ADDRESS	100 N SPRING ST	23. STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24. CITY-ST-ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADBOURNE, EDWARD M.III	32. NAME	
STREET ADDRESS	4375 MCCOY DR	33. STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 199.03(2)(b), 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 each officer or director, 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:
ORIGINAL WILL BE FILED ON PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
J.H. BAROCO, JR.

1/17/95 904/479-2441
Date Time