SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J76013 (8)

1. Corporation Name
B.C.L., INC.

Principal Place of Business	Mailing Address
82779 OVERSEAS HWY ISLAMORADA FL 33036	82779 OVERSEAS HWY ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 10/05/1994
4. FEI Number: 65-0037599 ☐ 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 2301 N FEDERAL HWY.	26 2301 N FEDERAL HWY
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: FORT PIERCE FL	28 City & State: FORT PIERCE FL
24 Zip: 34946 — 25 County: ST LUCIE	29 Zip: 34946 — 30 County: ST LUCIE

9. Name and Address of Current Registered Agent

LOVETT, WILLIAM & CLAIRE
57 COLOMBUS DRIVE EXTENSION
ISLANMORADA FL 33036

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 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 ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1 1 TITLE	P ☑ Change ☐ Addition
NAME	LOVETT, WILLIAM	1 2 NAME	LOVETT, WILLIAM
STREET ADDRESS	57 COLUMBUS DR. EXT	1 3 STREET ADDRESS	213 OLIVE AVE
CITY-ST-ZIP	ISLAMORADA FL	1 4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	V	2 1 TITLE	☑ Change ☐ Addition
NAME	LOVETT, CLAIRE	2 2 NAME	
STREET ADDRESS	57 COLUMBUS DR. EXT	2 3 STREET ADDRESS	213 OLIVE AVE
CITY-ST-ZIP	ISLAMORADA FL	2 4 CITY-ST-ZIP	PORT ST LUCIE FL 34952
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 119.07(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, or on an attachment with an address.

SIGNATURE: CLAIRE LOVETT Claire Lovett 6/30/95 407-340-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0031845 CP