F	LEASE READ ALL	<b>INSTRUCTIONS</b>	<b>BEFORE COMPI</b>	LETING THIS FORM.

APPLICATION
F <b>O</b> R
FINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #J89221

BBN CORPORATION

FILED 98 JUL 22 AM II: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(941) 747 1512 Daytime Phone #

-					TALLAHASSEE, F	LORIDA	
Principal Place of Business	Mailing Addr			ł	·		
3621 MANATEE AVE. W.	MANATEE AVE. W. ENTON, FL 34205						
BRADENTON, FL 34205					24106		
If above addresses are incorrect in any way, line th	1 99-98						
			ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8-25-1987		
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number Applied For		
City & State	Crty & State			5. FEI Number 59-2839415 Applied For Not Applicable			
Zip Country	Zıp	ip Country		l e	IFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status		
7. Names and Street Addresses of Each Officer and	or Director (Flo	rida nonprof		<del>`</del>			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip		
P/D BEVERLEY B. N	/D BEVERLEY B. NOWELL		3402 18+4 AVE. W.		BRADENTON, FL 34205		
VP/D W. W. BORUM			3402 18TH AVE. W.		BRADENTON, FL 34205		
ST/D JANE P. BORUM			3402 18TH AVE. W.		BRADENTON, FL 34205		
PEINSTAT	EME	11 9	4-98	g***** g**		The state of the s	
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					***1358.75 **		
8. Name and Address of Current			Name	Name and Address of New Registered Agent     O. Box Number is Not Acceptable)			
BEVERLEY B. N	OWELL		Street Address (P.				
3402 18TH. AVE. 1		· ,					
BRADEMON, FL							
		State Zip Code FL					
10. I, being appointed the registered agent of the abo	ove named corpo	oration, am fa	miliar with and accept the ob	ligations of Secti			
Signature of Registered Agent Bewyly B	JOURNAL SEED AG	( ENT MÜST	SIGN		Date 7-13-9	3	
<ol> <li>This corporation owes or he Intangible Personal Proper</li> </ol>				No 🗖	(See other side for on intangible		
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for disse	ver or trustee en olution has been	npowered to eliminated, t	execute this application as pr he corporate name satisfies ti	rovided for in cha he requirements	pter 607 or 617, F.S. I further certify of section 607.0401 or 617.0401, F	that when filing .S., that all fees	

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Devoly & Hound Beverley B Now 11