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
95 APR 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J92171 (4)

1. Corporation Name
BERMUDA VIEW, INC.

Principal Place of Business	Mailing Address
25317 PADRE LANE PUNTA GORDA FL 33983-6031 US	25317 PADRE LANE PUNTA GORDA FL 33983-6031 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/15/1987	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 315 E. Olympia Ave.	26 315 E.Olympia Ave.
Suite, Apt. #, etc. 22 Suite 112	Suite, Apt. #, etc. 27 Suite 112
City & State 23 Punta Gorda, FL	City & State 28 Punta Gorda, FL
Zip / Country 24 33950 / 25 US	Zip / Country 29 33950 / 30 US

4. FEI Number: 65-0006924 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HINSHAW, WALLACE B. JR. 314 TAMIAMI TRAIL PUNTA GORDA FL 33950-1839	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 214 Shady Oaks Circle 03 04 City Lake Mary FL 05 Zip Code 32746

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTV	11 TITLE	PSTD	☒ Change ☐ Addition
NAME	HINSHAW, WALLACE B. JR.	12 NAME	Hinshaw, Wallace B.Jr.	
STREET ADDRESS	314 TAMIAMI TRAIL	13 STREET ADDRESS	214 Shady Oaks Circle	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, PETER	22 NAME		
STREET ADDRESS	315 E. OLYMPIA AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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 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 changed, or on an attachment with an address.

SIGNATURE: PETER TAYLOR 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0483667 FP