

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McMath
Secretary of State
Office of Corporate Filings

**APPROVED
AND
FILED**

SE MAY - 11 1994

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TAMPA

DOCUMENT # K38095

(1)

1. Corporation Name

BCD INVESTMENTS, INC.

Principal Place of Business

**7750 PROFESSIONAL PLACE
TAMPA FL 33637**

Mailing Address

**7750 PROFESSIONAL PLACE
TAMPA FL 33637**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/11/1988** 3a. Date of Last Report **05/01/1994**

4. FIC Number **59-2290240** 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**

7. This corporation has adopted the act providing for compliance with the Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State & Apt. # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State & Apt. # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**BARLOW, WILLIAM E.
7750 PROFESSIONAL PLACE
TAMPA FL 33637**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.042 and 607.1408, 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 Sections 607.042 and 607.1408, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Registered Agent for the Corporation)

(Signature of New Registered Agent or Registered Agent for the Corporation)

DATE

12. OFFICERS AND DIRECTORS	
NAME	DP
STREET ADDRESS	HUBBARD, C. DOUGLAS
CITY & STATE	7750 PROFESSIONAL PLACE
ZIP	TAMPA FL
NAME	DS
STREET ADDRESS	BARLOW, WILLIAM
CITY & STATE	7750 PROFESSIONAL PLACE
ZIP	TAMPA FL
NAME	D
STREET ADDRESS	BARLOW, CLARK
CITY & STATE	7750 PROFESSIONAL PLACE
ZIP	TAMPA FL
NAME	
STREET ADDRESS	
CITY & STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY & STATE	
ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.042, Florida Statutes. I further certify that the information included on the filing is not of a confidential nature and that my signature shall have the same legal effect as if made on behalf of the corporation and that the corporation is not the subject of a pending or proposed reorganization or liquidation and that my name appears on the filing as required by Chapter 20, Florida Statutes, and that my name appears on the filing as required by Chapter 20, Florida Statutes, and that my name appears on the filing as required by Chapter 20, Florida Statutes.

SIGNATURE:

William E. Barlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95

813-985-0003