

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K65769 (7)**
1. Corporation Name
BGR OF HAILE, INC.



Principal Place of Business Mailing Address
**% ROBERT R. ROWE
5200 NEWBERRY ROAD, SUITE E-9
GAINESVILLE FL 32607**

3. Date Incorporated or Qualified **02/15/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2955090** 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 **5341 SW 91st Terr.** 26 **5341 SW 91st Terr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Ste A** 27 **Ste A**
City & State City & State
23 **Gainesville, FL** 28 **Gainesville, FL**
Zip Country Zip Country
24 **32608** 29 **32608** 30 **Alachua**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**ROWE, ROBERT R.
5200 NEWBERRY ROAD
SUITE E-9
GAINESVILLE FL 32607**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5341 SW 91st Terr.
83 **Ste A**
84 City **Gainesville** FL 85 Zip Code **32608**

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 IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, ROBERT R.	1.2 NAME	
STREET ADDRESS	5200 NEWBERRY ROAD E-9	1.3 STREET ADDRESS	5341 SW 91st Terr, Ste A
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32608
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, JAMES H.	2.2 NAME	
STREET ADDRESS	2613 N.W. 24TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, CHARLES L.	3.2 NAME	
STREET ADDRESS	425 S.W. 93RD STREET	3.3 STREET ADDRESS	4437 SW 91st Dr.
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32608
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE: **Robert R. Rowe** DATE: **4-22-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)