Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90131 023 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # L06912**

BFH CONSTRUCTION CO.						A THEOLOGY TO COURS BOTH COURSE HOUR HIST GUAR THEST GOAL COURS BY THE STATE BY THE BY TH	
Principal Place of Business Mailing Address							
6150 EDGEWATER DR 6150 EDGEWATER DR UNIT D UNIT D							
ORLANDO FL 3	2810	ORLANDO FL 32810	** - <del>-</del>			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed 08/03/1989	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For	
21		26				<b>59-2966743</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired   \$8.75 Additional Fee Required	
City & State		City & State		•	6. Election Campaign Financing \$5.00-May Be.		
23		28			Trust Fund Contribution Added to Fees		
Zip Country		Zip Cour		intry		8. This corporation owes the current year Intangible	
24	25 29 30		30			Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent	
A1 (**)	ANDED DATRICIA C			81	Name		
ALEXANDER, PATRICIA G 6150 EDGEWATER DR.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
UNIT		83					
ORLANDO FL 32810-4810				-	0.1	85 Zip Code	
				84	City	FL 85 Zip Code	
office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	utnonzec	J DY III	named corpo e corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered	Agent s	ignature required	when reinstating) DATE	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	☐ DELETE	1.1 TF	TLE		☐ Change ☐ Addition	
NAME	ALEXANDER, PATRICIA G.		1.2 N/	1.2 NAME		,	
STREET ADDRESS	2387 WASHINGTON ROAD		1.3 87	TREET A	DORESS		
CITY-ST-ZIP	MOUNT DORA FL		1.4 CI	1.4 CITY-ST-ZIP			
TITLE	PTD	☐ DELETE	2.1 TI	2.1 TITLE		. Change Addition	
NAME	regina B. Whitt		2.2 N	AME			
STREET ADDRESS 3540 ENTERPRISE ROAD			2.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-5		ITY-ST-	ZIP		
TITLE		☐ DELETE 3.1		TLE		Change Addition	
NAME			3.2 N/	AME			
STREET ADDRESS			3.3 \$7	TREET AL	DDRESS		
CITY-ST-ZIP				TY-ST-	ZIP		
TITLE		☐ DELETE	4.1 TI			☐ Change ☐ Addition	
NAME			4. 2 N	IAME.			
STREET ADDRESS			1	TREET A			
CITY-ST-ZIP				TY-\$T-Z	ŽIP .	☐ Change ☐ Addition	
TITLE OELETE			5.1 TITLE 5.2 NAME		Criange Addition		
NAME				AME TREET A	nneess		
STREET ADDRESS							
CITY-ST-ZIP TITLE				S CITY-ST-ZIP		☐ Change ☐ Addition	
NAME			6.2 N				
STREET ADDRESS				TREET A	DDRESS		

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: ()

STREET ADDRESS

CITY-ST-ZIP