

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L38263 (4)**

1. Corporation Name
B.P. ENTERPRISES, INC.



Principal Place of Business: **252 E SEMORAN BLVD #701 CASSELBERRY FL 32707 US**
Mailing Address: **252 E SEMORAN BLVD #701 CASSELBERRY FL 32707 US**

3. Date Incorporated or Qualified: **12/20/1989**
3a. Date of Last Report: **07/14/1995**
4. FEI Number: **59-2996691**
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 (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Zip Country

9. Name and Address of Current Registered Agent
**DAIGLE, PAUL R.
252 E SEMORAN BLVD
SUITE 701
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS
1.1 TITLE: **D** DELETE
1.2 NAME: **DAIGLE, PAUL R.**
1.3 STREET ADDRESS: **252 E SEMORAN BLVD #701**
1.4 CITY-ST-ZIP: **CASSELBERRY FL**
2.1 TITLE: DELETE
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY-ST-ZIP: _____
3.1 TITLE: DELETE
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY-ST-ZIP: _____
4.1 TITLE: DELETE
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____
5.1 TITLE: DELETE
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____
6.1 TITLE: DELETE
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY-ST-ZIP: _____
2.1 TITLE: Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY-ST-ZIP: _____
3.1 TITLE: Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY-ST-ZIP: _____
4.1 TITLE: Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____
5.1 TITLE: Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____
6.1 TITLE: Change Addition
6.2 NAME: _____
6.3 STREET ADDRESS: _____
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul R. Daigle* **President** **407 699-2106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)