

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L43966 (5)

1. Corporation Name

BEE RIDGE INVESTMENT GROUP, INC.

Principal Place of Business

**% ANDREW CAMPBELL
117 MALLARD LANE
DAYTONA BCH FL 32119**

Mailing Address

**% ANDREW CAMPBELL
117 MALLARD LANE
DAYTONA BCH FL 32119**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

01/17/1990

3a. Date of Last Report

04/13/1994

4. FEI Number

65-0174642

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. 193.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CAMPBELL, ANDREW
117 MALLARD LANE
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	CAMPBELL, ANDREW
STREET ADDRESS	117 MALLARD LANE
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	D
NAME	CAMP, HOWARD B.
STREET ADDRESS	P O BOX 2577 N/A
CITY - ST - ZIP	SARASOTA FL
TITLE	DT
NAME	CLOUTIER, GARY J.
STREET ADDRESS	2451 HUNTERS POND
CITY - ST - ZIP	FT. MYERS FL
TITLE	D
NAME	MILLS, WALTER
STREET ADDRESS	3301 WHITFIELD
CITY - ST - ZIP	SARASOTA FL
TITLE	SD
NAME	ZART, DAVID P
STREET ADDRESS	5857 WILD FIG LANE, S.W.
CITY - ST - ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Andrew Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

ANDREW CAMPBELL

PRESIDENT

4/25/95 904-788-3378

Date

Daytime Phone #