FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L48834 (0)

1. Corporation Name
BAMFIELD OF ENGLEWOOD, INC.

Principal Place of Business	Mailing Address
1163 TUMBLEWEED RUN TALLAHASSEE FL 32311 US	1163 TUMBLEWEED RUN TALLAHASSEE FL 32311 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1990
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business
21 400 CAPITAL CIRCLE, S.E.
Suite, Apt. #, etc.
22 SUITE 8
City & State
23 TALLAHASSEE, FL
Zip 24 32301 Country 25 U.S.

2a. Mailing Address
26 400 CAPITAL CIRCLE, S.E.
Suite, Apt. #, etc.
27 SUITE 8
City & State
28 TALLAHASSEE, FL
Zip 29 32301 Country 30 U.S.

4. FEI Number: 65-0179455 ☐ 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

9. Name and Address of Current Registered Agent

BAMFIELD, ROY D.
1163 TUMBLEWEED RUN
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 400 CAPITAL CIRCLE, S.E.
83 SUITE 8
84 City TALLAHASSEE FL 85 Zip Code 32301

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 ROY D. BAMFIELD PRESIDENT 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	1.1 TITLE	☒ Change ☐ Addition	
NAME	BAMFIELD, ROY D	1.2 NAME		
STREET ADDRESS	1163 TUMBLEWEED RUN	1.3 STREET ADDRESS	400 CAPITAL CIRCLE, SUITE 8	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	STM	2.1 TITLE	☒ Change ☐ Addition	
NAME	BAMFIELD, GALE	2.2 NAME		
STREET ADDRESS	1163 TUMBLEWEED RUN	2.3 STREET ADDRESS	400 CAPITAL CIRCLE, S.E., SUITE 8	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		3.1 TITLE	☐ Change ☐ Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ 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)(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.

SIGNATURE: Roy D. Bamfield ROY D. BAMFIELD PRESIDENT 4/27/95 (904) 656-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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