

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L88508

(1)

1. Corporation Name

BRI-KOL OF BOCA GRANDE, INC.



Principal Place of Business

428 W 4TH ST.
BOCA GRANDE FL 33921
US

Mailing Address

P.O. BOX 1618
BOCA GRANDE FL 33921
US

3. Date Incorporated or Qualified
07/23/1990

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

21. Subst. Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Subst. Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

4. FEI Number
65-0206619

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

ITTERSAGEN, SCOTT D.
1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223

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 607.1506, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. NAME: DP HENDRICKS, CLAIRE ☒ DELETE
2. STREET ADDRESS: 1424 DEER CREEK DR.
3. CITY-STATE-ZIP: ENGLEWOOD FL 34223
4. NAME: HENDRICKS, DAVID ☐ DELETE
5. STREET ADDRESS: 1424 DEER CREEK DR.
6. CITY-STATE-ZIP: ENGLEWOOD FL 34223
7. NAME: ☐ DELETE
8. STREET ADDRESS: ☐ DELETE
9. CITY-STATE-ZIP: ☐ DELETE
10. NAME: ☐ DELETE
11. STREET ADDRESS: ☐ DELETE
12. CITY-STATE-ZIP: ☐ DELETE
13. NAME: ☐ DELETE
14. STREET ADDRESS: ☐ DELETE
15. CITY-STATE-ZIP: ☐ DELETE
16. NAME: ☐ DELETE
17. STREET ADDRESS: ☐ DELETE
18. CITY-STATE-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: DP HENDRICKS, DAVID ☒ Change ☐ Addition
2. STREET ADDRESS: 1424 DEER CREEK DR.
3. CITY-STATE-ZIP: ENGLEWOOD, FL 34223
4. NAME: ☐ Change ☐ Addition
5. STREET ADDRESS: ☐ Change ☐ Addition
6. CITY-STATE-ZIP: ☐ Change ☐ Addition
7. NAME: ☐ Change ☐ Addition
8. STREET ADDRESS: ☐ Change ☐ Addition
9. CITY-STATE-ZIP: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS: ☐ Change ☐ Addition
12. CITY-STATE-ZIP: ☐ Change ☐ Addition
13. NAME: ☐ Change ☐ Addition
14. STREET ADDRESS: ☐ Change ☐ Addition
15. CITY-STATE-ZIP: ☐ Change ☐ Addition
16. NAME: ☐ Change ☐ Addition
17. STREET ADDRESS: ☐ Change ☐ Addition
18. CITY-STATE-ZIP: ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: *David L. Hendricks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. HENDRICKS
941-474
6271
Daytime Phone

CR2E034 (12/95)