

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L95671** (8)

1. Corporation Name
BGR INVESTMENTS, INC.

Principal Place of Business Mailing Address
P O BOX 277 WABASSO FL 32970

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/24/1990** 3a. Date of Last Report **02/15/1994**

4. FEI Number **65-0213843** 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

RANSON, CHARLES T
8465 OLD DIXIE
P O BOX 277
WABASSO FL 32970

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 the 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

Registered Agent's printed name, address, and telephone number. (Print) Registered Agent's printed name and address (mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSON, CHARLES T	1.2 NAME	
STREET ADDRESS	8465 OLD DIXIE HWY	1.3 STREET ADDRESS	
CITY, ST, ZIP	WABASSO FL	1.4 CITY, ST, ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN DAVID	2.2 NAME	
STREET ADDRESS	8465 OLD DIXIE HWY	2.3 STREET ADDRESS	
CITY, ST, ZIP	WABASSO FL	2.4 CITY, ST, ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, JEFF	3.2 NAME	
STREET ADDRESS	8465 OLD DIXIE HWY	3.3 STREET ADDRESS	
CITY, ST, ZIP	WABASSO FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, STEVE	4.2 NAME	
STREET ADDRESS	8465 OLD DIXIE HWY	4.3 STREET ADDRESS	
CITY, ST, ZIP	WABASSO FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, MARY BETH	5.2 NAME	
STREET ADDRESS	8465 OLD DIXIE HWY	5.3 STREET ADDRESS	
CITY, ST, ZIP	WABASSO FL	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, JIMMY	6.2 NAME	
STREET ADDRESS	8465 OLD DIXIE HWY	6.3 STREET ADDRESS	
CITY, ST, ZIP	WABASSO FL	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(6)(b), 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 trustee 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: *Charles T. Ranson* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES T. RANSON

4/28/95 407 589-4356