

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L95671 (8)**

1. Corporation Name
BGR INVESTMENTS, INC.



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

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/24/1990 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 65-0213843 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | | | |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| RANSON, CHARLES T 8465 OLD DIXIE P O BOX 277 WABASSO FL 32970 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RANSON, CHARLES T | 12 NAME | |
| STREET ADDRESS | 8465 OLD DIXIE HWY | 13 STREET ADDRESS | |
| CITY- ST- ZIP | WABASSO FL | 14 CITY- ST- ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, JOHN DAVID | 22 NAME | |
| STREET ADDRESS | 8465 OLD DIXIE HWY | 23 STREET ADDRESS | |
| CITY- ST- ZIP | WABASSO FL | 24 CITY- ST- ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BASS, JEFF | 32 NAME | |
| STREET ADDRESS | 8465 OLD DIXIE HWY | 33 STREET ADDRESS | |
| CITY- ST- ZIP | WABASSO FL | 34 CITY- ST- ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BASS, STEVE | 42 NAME | |
| STREET ADDRESS | 8465 OLD DIXIE HWY | 43 STREET ADDRESS | |
| CITY- ST- ZIP | WABASSO FL | 44 CITY- ST- ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BASS, MARY BETH | 52 NAME | |
| STREET ADDRESS | 8465 OLD DIXIE HWY | 53 STREET ADDRESS | |
| CITY- ST- ZIP | WABASSO FL | 54 CITY- ST- ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAVES, JIMMY | 62 NAME | |
| STREET ADDRESS | 8465 OLD DIXIE HWY | 63 STREET ADDRESS | |
| CITY- ST- ZIP | WABASSO FL | 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [Signature] **PRESIDENT** 2/8/96 407 582 4356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)