

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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	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
	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	NAME: RANSON, CHARLES T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8465 OLD DIXIE HWY	CITY-STATE-ZIP: WABASSO FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
TITLE: SD	NAME: SMITH, JOHN DAVID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8465 OLD DIXIE HWY	CITY-STATE-ZIP: WABASSO FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
TITLE: T	NAME: BASS, JEFF	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8465 OLD DIXIE HWY	CITY-STATE-ZIP: WABASSO FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
TITLE: D	NAME: BASS, STEVE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8465 OLD DIXIE HWY	CITY-STATE-ZIP: WABASSO FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
TITLE: D	NAME: BASS, MARY BETH	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8465 OLD DIXIE HWY	CITY-STATE-ZIP: WABASSO FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
TITLE: D	NAME: GRAVES, JIMMY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8465 OLD DIXIE HWY	CITY-STATE-ZIP: WABASSO FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-STATE-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)