

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L95671 (8)**  
 1. Corporation Name  
**BGR INVESTMENTS, INC.**



Principal Place of Business <b>P O BOX 277 WABASSO FL 32970</b>	Mailing Address <b>P O BOX 277 WABASSO FL 32970</b>
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3. Date Incorporated or Qualified <b>08/24/1990</b>	3a. Date of Last Report <b>02/19/1996</b>
4. FEI Number <b>65-0213843</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 Country	28 Zip Country
24	29
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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RANSON, CHARLES T 8465 OLD DIXIE HWY WABASSO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, JOHN DAVID 8465 OLD DIXIE HWY WABASSO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BASS, JEFF 8465 OLD DIXIE HWY WABASSO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASS, STEVE 8465 OLD DIXIE HWY WABASSO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASS, MARY BETH 8465 OLD DIXIE HWY WABASSO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAVES, JIMMY 8465 OLD DIXIE HWY WABASSO FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: [Signature] DATE: 1/20/97 DAYTIME PHONE # 561 589-4356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)