

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 # **M87986** (9)

1. Corporation Name

B.H.R. OF TAMPA, INC.



Principal Place of Business

% EARL F. BESSENT
3708 SWANN AVENUE
TAMPA FL 33609

Mailing Address

% EARL F. BESSENT
3708 SWANN AVENUE
TAMPA FL 33609

2. Principal Place of Business

21 3708 Swann Avenue
Suite, Apt. #, etc.

22 City & State
23 Tampa, Florida

24 Zip Country
33609 U.S.A.

2a. Mailing Address

26 3708 Swann Avenue
Suite, Apt. #, etc.

27 City & State
28 Tampa, Florida

29 Zip Country
33609 U.S.A.

3. Date Incorporated or Qualified
06/28/1988

3a. Date of Last Report
04/28/1995

4. FEI Number
59-2896732

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

BESSENT, EARL F.
3708 SWANN AVENUE
TAMPA FL 33609

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

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BESSENT, EARL F	
STREET ADDRESS	3708 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VDS	<input checked="" type="checkbox"/> DELETE
NAME	SHAFFER, THOMAS	
STREET ADDRESS	3708 SWANN AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAYER, MARCEL G	
STREET ADDRESS	3708 SWANN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	GODFREY, MARY LOU	
STREET ADDRESS	3708 SWANN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHITEHURST, RAYMOND R	
STREET ADDRESS	3708 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Earl F. Bessent	
1.3 STREET ADDRESS	3708 Swann Avenue	
1.4 CITY-ST-ZIP	Tampa, Florida 33609	
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	President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Lou Godfrey	
4.3 STREET ADDRESS	3708 Swann Avenue	
4.4 CITY-ST-ZIP	Tampa, Florida 33609	
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 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: *Earl F. Bessent* Earl F. Bessent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

(813) 879-3271

Date

Daytime Phone #

CR2E034 (12/95)