

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:35

DOCUMENT # M90468

(3)

1. Corporation Name

BF SOUTHEAST, INC.

Principal Place of Business

**6036 CLARK CENTER AVENUE
SARASOTA FL 34238**

Mailing Address

**6036 CLARK CENTER AVENUE
SARASOTA FL 34238**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1988

3a. Date of Last Report

07/06/1994

2. Principal Place of Business

21 10801 Starkey Road

Suite, Apt. #, etc.

22 16

City & State

23 Largo, FL

Zip

24 34689

Country

2a. Mailing Address

26 10801 Starkey Road

Suite, Apt. #, etc.

27 16

City & State

28 Largo, FL

Zip

29 34689

Country

4. FEI Number

59-2896225

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

**MCGILLEN, ROBERT L.
6036 CLARK CENTER AVENUE
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81 Name

McGillen, Robert L.

82 Street Address (P.O. Box Number is Not Acceptable)

10801 Starkey Road #16

83

84 City
Largo

FL

85 Zip Code
34689

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

Robert L. McGillen
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4/28/95

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MCGILLEN, ROBERT L.**
STREET ADDRESS **6036 CLARK CTR. AVE.**
CITY- ST- ZIP **SARASOTA FL**

TITLE **D**
NAME **MCGILLEN, VIVIAN L.**
STREET ADDRESS **6036 CLARK CT. AVE.**
CITY- ST- ZIP **SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE **D** ☒ Change ☐ Addition
1 2 NAME **McGillen, Robert L.**
1 3 STREET ADDRESS **10801 Starkey Road #16**
1 4 CITY- ST- ZIP **Largo, FL 34689**

2 1 TITLE **D** ☒ Change ☐ Addition
2 2 NAME **McGillen, Vivian L.**
2 3 STREET ADDRESS **10801 Starkey Road #16**
2 4 CITY- ST- ZIP **Largo, FL 34689**

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP

REMITTED BY MAY 1

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 110.07(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:

Robert L. McGillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name