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 PM 1:32

DOCUMENT # **M95591** **(7)**

1. Corporation Name
BEMS, INC.

Principal Place of Business
~~90 BEAL PKWY. N.W., SUITE B~~ A
~~P.O. BOX 90~~
~~FT. WALTON BEACH FL 32548~~
32548

Mailing Address
~~90 BEAL PKWY. N.W., SUITE B~~
P.O. BOX 96
FT. WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2907477	☐ Applied For ☐ Not Applicable
21 90 Beal Pkwy NW, Suite A	26 P.O. Box 96		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Fort Walton Beach, FL	City & State 28 Fort Walton Beach, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32548 Country 25 USA	Zip 29 32549 Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLSON, MARY KOCH 90 BEAL PKWY N.W., SUITE B FT. WALTON BEACH FL 32548	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPSV	11 TITLE	also add T along with others	☐ Change ☑ Addition
NAME	~~B~~	12 NAME	STANLEY M. POLSON	
STREET ADDRESS	90 BEAL PKWY NW. STE ~~B~~ A	13 STREET ADDRESS	90 Beal Pkwy NW, Suite A	
CITY-ST-ZIP	FT. WALTON BEACH FL	14 CITY-ST-ZIP	Ft Walton Bch, FL 32548	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ President 4-26-95 (904) 243-3710
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — (Daytime Phone #)
Stanley M. Polson

0470623 FP