

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**  
*Ch# 1357*

**DOCUMENT # N30521**

1. Entity Name  
**BICOL, INC.**



Principal Place of Business  
**12440 KOZY REST LANE  
JACKSONVILLE, FL 32258 US**

Mailing Address  
**12440 KOZY REST LANE  
JACKSONVILLE, FL 32258 US**



01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3000472**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RAVAGO, NELLIE  
12440 KOZY REST LANE  
JACKSONVILLE, FL 32258**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RAVAGO, NELLIE 12440 KOZY REST LANE JACKSONVILLE, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV GINES, LILIAN 1600 SHEFFIELD PARK CT JACKSONVILLE, FL 32225</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COLE, BETH 947 WAVERLY BLUFF CT ORANGE PARK, FL 32065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V REBURIANO, TELLY 3310 DEERFIELD POINTE DR ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BARNACHEA, EDITH 3753 SPRING LAKE LANE JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RAPADAS, PAULINE 5414 NANETTE CT JACKSONVILLE, FL 32244</b>

U00000605586  
01/30/07-80041-021 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*9/23/07* *(904) 262-3787*