

2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/12/2008-90002-034-\$150.00-\$150.00

DOCUMENT # P06000060664

1. Entity Name
BAMPA COMPANY



FILED

08 OCT 21 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2815 REMINGTON GREEN CIRCLE
SUITE 200
TALLAHASSEE, FL 32308

Mailing Address
P.O. BOX 15588
TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #
9017 Eagles Ridge
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



06052008 Chg-P CR2E034 (12/08)

City & State
Tallahassee FL
Zip
32312
Country
US

City & State
Zip
Country

4. FEI Number
11-3787708
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MINNICK, BRUCE A
2815 REMINGTON GREEN CIRCLE
SUITE 200
TALLAHASSEE, FL 32308

address change →

7. Name and Address of New Registered Agent

Name
BRUCE A. MINNICK
Street Address (P.O. Box Number is Not Acceptable)
2937 Kerry Forest Parkway Ste C
City
Tallahassee FL Zip Code
32309

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 Bruce A. Minnick Bruce A. MINNICK VP & Secretary 6/3/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
STO	MINNICK, DEBRA W	9017 EAGLE RIDGE DR	TALLAHASSEE, FL 32312	<input type="checkbox"/>
PDT	MINNICK, MATTHEW A	2815 REMINGTON GREEN CIRCLE SUITE 200	TALLAHASSEE, FL 32308	<input type="checkbox"/>
PO	MINNICK, BRUCE A	2815 REMINGTON GREEN CIRCLE SUITE 200	TALLAHASSEE, FL 32308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Only				<input type="checkbox"/>
P/O				<input type="checkbox"/>
C/VP				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 607, 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: Bruce A. Minnick Bruce A. MINNICK 6/3/08 850 386 9444
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/22
aw