

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P20843** (9)

1. Corporation Name

BHI MARKETING, INC.



Principal Place of Business

**4731 MEADOWVIEW CIRCLE
SARASOTA FL 34233**

Mailing Address

**4731 MEADOWVIEW CIRCLE
SARASOTA FL 34233**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**HOWARD, ROBERT EDWARD
4731 MEADOWVIEW CIRCLE
SARASOTA FL 34233**

3. Date Incorporated or Qualified
09/12/1988

3a. Date of Last Report
02/02/1995

4. FEI Number

76-0079999

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

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 of person making change of registered office, agent, or both

Signature of Registered Agent (signature required for new listing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE
NAME **PTD HOWARD, ROBERT E.**
STREET ADDRESS **4731 MEADOWVIEW CIRCLE**
CITY, ST, ZIP **SARASOTA FL**
12.2 TITLE ☐ DELETE
NAME **VSD HOWARD, CHRISTINE**
STREET ADDRESS **4731 MEADOWVIEW CIRCLE**
CITY, ST, ZIP **SARASOTA FL**
12.3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.7 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.8 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 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:

Robert E. Howard **Robert E. Howard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 **941-923-6452**
DATE OF FILING AND TELEPHONE NUMBER

CR2E034 (12/95)