SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33501** **(8)**

1. Corporation Name
B.F.M. , INC.

Principal Place of Business	Mailing Address
P.O. BOX 531 BAINBRIDGE GA 31717	P.O. BOX 531 BAINBRIDGE GA 31717

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/27/1991
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21 1009 Dothan Highway
22 Suite, Apt. #, etc.
23 City & State: Bainbridge, GA 31717
24 Zip: 31717 25 Country: Decatur

2a. Mailing Address
26 P. O. Box 531
27 Suite, Apt. #, etc.
28 City & State: Bainbridge, GA 31717
29 Zip: 31717 30 Country: Decatur

4. FEI Number: 58-1913670 ☐ 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

SATTERFIELD, H.C., III
2808 REMINGTON GREEN NO.
TALLAHASSEE FL 32308

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: H. C. Satterfield, III, President — 6/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	SATTERFIELD, H.C., III	1.2 NAME		
STREET ADDRESS	1009 DOTHAN HWY	1.3 STREET ADDRESS		
CITY-ST-ZIP	BAINBRIDGE GA	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	HARRIS, JOSEPH V.	2.2 NAME	Leverett, Henry B.	
STREET ADDRESS	812 TURKEY TROT	2.3 STREET ADDRESS	1009 Dothan Highway	
CITY-ST-ZIP	THOMASVILLE GA	2.4 CITY-ST-ZIP	Bainbridge, GA 31717	
TITLE	ST	3.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	LEVERETT, HENRY B.	3.2 NAME	Lynn, Sharlene P.	
STREET ADDRESS	1009 DOTHAN ROAD	3.3 STREET ADDRESS	1009 Dothan Highway	
CITY-ST-ZIP	BAINBRIDGE GA	3.4 CITY-ST-ZIP	Bainbridge, GA 31717	
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, HERMAN	4.2 NAME		
STREET ADDRESS	1009 DOTHAN ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	BAINBRIDGE GA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Sharlene P. Lynn — Sharlene P. Lynn — 6/7/95 — 912-246-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180420 FN