

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000047793 (3)

1. Corporation Name

B. I. DEVCO, INC.



Principal Place of Business

2180 J & C BLVD  
NAPLES FL 34109  
US

Mailing Address

2180 J & C BLVD  
NAPLES FL 34109  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1993

4. FEI Number

65-0424533

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STEVEN J. MULLERSMAN  
2180 J & C BLVD  
2150 GOODLETTE RD 6TH FLOOR  
NAPLES FL 34109

10. Name and Address of New Registered Agent

81. Name

STEVEN J. MULLERSMAN

82. Street Address (P.O. Box Number is Not Acceptable)

2180 J & C BLVD.

83.

84. City

NAPLES

85. Zip Code

FL 34109

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, typed or printed name of registered agent and fee, if applicable

STEVEN J. MULLERSMAN P/D

(NOTE: Registered Agent signature required when reinstating)

4/30/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD MULLERSMAN, STEVEN J

STREET ADDRESS 2180 J & C BLVD

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME VTD MASON-BRIGHI, MONICA L

STREET ADDRESS 2180 J & C BLVD

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME VSD MASON, JOSEPH L

STREET ADDRESS 2180 J & C BLVD

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. NAME

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

☐ Change ☐ Addition

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

☐ Change ☐ Addition

31. NAME

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

☐ Change ☐ Addition

41. NAME

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

☐ Change ☐ Addition

51. NAME

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

☐ Change ☐ Addition

61. NAME

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

(94)

CR2E034 (10/97)