

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:45

DOCUMENT # **P93000072884 (8)**

1. Corporation Name
B H R M, INC.

Principal Place of Business
**587 N.E. 29TH AVE.
OKEECHOBEE FL 34972**

Mailing Address
**587 N.E. 29TH AVE.
OKEECHOBEE FL 34972**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/20/1993** 3a. Date of Last Report **04/19/1994**
4. FEI Number **65-0444111** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30
24 25 29 30

9. Name and Address of Current Registered Agent

**RENNIE, WILLIAM R
587 N.E. 29TH AVE.
OKEECHOBEE FL 34972**

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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	RENNE, BILL
STREET ADDRESS	587 N.E. 29TH AVE.
CITY - ST - ZIP	OKEECHOBEE FL 34972
TITLE	VD
NAME	SMITH, ROBERT O
STREET ADDRESS	2004 S.W. 8TH AVE.
CITY - ST - ZIP	OKEECHOBEE FL 34974
TITLE	SD
NAME	COOPER, JIM
STREET ADDRESS	615 S.E. 8TH AVE.
CITY - ST - ZIP	OKEECHOBEE FL 34974
TITLE	TD
NAME	MINNICK, KENNETH
STREET ADDRESS	39 8TH STREET, BHR
CITY - ST - ZIP	OKEECHOBEE FL 34974
TITLE	D
NAME	BENNETT, ROSS
STREET ADDRESS	RT. 2, BOX 400
CITY - ST - ZIP	LAKEPORT FL 33471
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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:

William R. Rennie
WILLIAM R. RENNIE

3/27/95 813 763 0330