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 # **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

3. Date Incorporated or Qualified: **10/20/1993**
3a. Date of Last Report: **03/31/1995**

4. FEI Number: **65-0444111** — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 — County 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 — County 30

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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	RENNE, BILL	
STREET ADDRESS	587 N.E. 29TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VD	☐ DELETE
NAME	SMITH, ROBERT O	
STREET ADDRESS	2004 S.W. 6TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	SD	☐ DELETE
NAME	COOOPER, JIM	
STREET ADDRESS	615 S.E. 8TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	☐ DELETE
NAME	MINNICK, KENNETH	
STREET ADDRESS	39 8TH STREET, BHR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	☐ DELETE
NAME	BENNETT, ROSS	
STREET ADDRESS	RT. 2, BOX 400	
CITY-ST-ZIP	LAKEPORT FL 33471	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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. 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 3/1/96 941 763 0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)