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 # P94000000149 (2)

1. Corporation Name

BEARCAT FINANCIAL SERVICES, INC.

Principal Place of Business
6322 ROWAN RD
NEW PORT RICHEY FL 34653
US

Mailing Address
6322 ROWAN RD
NEW PORT RICHEY FL 34653
US

3. Date Incorporated or Qualified: 12/23/1993
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-3213642 ☐ 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
21 1046 TRAFALGAR DR
Suite, Apt. #, etc.
22
City & State
23 NEW PORT RICHEY, FL
Zip 24 34655 Country 25 PASCO

2a. Mailing Address
26 P.O. BOX 365
Suite, Apt. #, etc.
27
City & State
28 NEW PORT RICHEY, FL
Zip 29 34656 Country 30 PASCO

9. Name and Address of Current Registered Agent

BENNETT, JAMES J
9042 BEARCAT RD
NEWPORY RICKEY FL 34655

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1046 TRAFALGAR DR
83
84 City NEW PORT RICHEY FL 85 Zip Code 34655

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 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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, JAMES J	1.2 NAME	
STREET ADDRESS	~~9042 BEARCAT RD.~~	1.3 STREET ADDRESS	1046 TRAFALGAR DR
CITY-ST-ZIP	~~NEW PORT RICHEY FL 34655~~	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, ROSE C	2.2 NAME	
STREET ADDRESS	~~9042 BEARCAT RD.~~	2.3 STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	~~NEW PORT RICHEY FL 34655~~	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	000001787980
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/22/96--01016--006
TITLE	☐ DELETE	6.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: James J. Bennett 4-15-96

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

JAMES J. BENNETT