

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 # **P94000023870 (6)**

1. Corporation Name

BMN ENGINEERING, INC.



Principal Place of Business

**128 PHILLIPS DRIVE
CRESTVIEW FL 32536**

Mailing Address

**128 PHILLIPS DRIVE
CRESTVIEW FL 32536**

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

**BERARD, ALFREDO
4521 PARKWOOD LANE EAST
NICEVILLE FL 32578**

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

06/02/1995

4. FEI Number

59-3298345

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

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

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 filed application

Signature, typed or printed name of registered agent and filed application

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D NIXON, DAVID**
STREET ADDRESS **274 OKALOOSA AVE**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE ☐ DELETE

NAME **D BERARD, ALFREDO**
STREET ADDRESS **4521 PARKWOOD LANE E**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ DELETE

NAME **D MENTZER, JAMES L**
STREET ADDRESS **128 PHILLIPS DR**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE ☒ DELETE

NAME **D OEHLERS, HAROLD**
STREET ADDRESS **3590-B NW 71 STREET**
CITY-ST-ZIP **MIAMI FL 33147**

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

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 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:

David C. Nixon **DAVID C. NIXON**

4/24/96

704-682-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)