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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000025322**1. Corporation Name

BMD, INC.

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90063 026 ***150.00



Principal Place	e of Business	Mailing Address						
6624 GATEWAY AVE. % 218 S. BUMBY AVE								
SARASOTA FL 34231 ORLANDO FL 32803			•					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/30/1994		
2. Principal Place of Business 2a. Mailing Address				•	-	4. FEI Number Applied For—		
21 2341 PORTER LAME OR 26						65-0478627 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired Fee Required		
22 IF 10 (27								
City & State City & State						6. Election Campaign Financing \$5.00 May Be		
23 SARAGETA ELOKIOK 28 Zip Country Zip			Country			Trust Fund Contribution Added to Fees		
				ntry		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24 34240		29	30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		
 .	9. Name and Address of Curre	ent Registered Agent		81	Name	<u> </u>		
CDA	CASSI, GARY A			0.	Mairie	·		
218 S. BUMBY AVE				82	Street	Address (P.O. Box Number is Not Acceptable)		
	ANDO FL 32803							
ONL	ANDO I E 32003			83				
				84	City	85 Zip Code		
						FL		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida S	itatutes, the a	bove 1 hv	-named the coro	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505	, Florida Stat	utes		,		
SIGNATURE								
0.010110112	Signature, typed or printed name of registered ag		`	Agen	t signature r	required when reinstating) DATE ADDITIONAL TO DESCRIPTION OF THE PROPERTY OF		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P X Change		
TITLE	P	☐ DELET		1.1 TITLE				
NAME	MONEY, BENJAMIN		1.2 N	AME		Money, Benjamin		
STREET ADDRESS	J		1.3 \$	TREET	ADDRESS	1247V D. DISCAVIIE DI.		
CITY-ST-ZIP	SARASOTA FL			TY-S	T-ZIP	North Port, Florida 34287		
TITLE	ST	☐ DELET	E 2,1 TI	2,1 TITLE		ST X Change ☐ Addition		
NAME	MONEY, JOY D		2.2 N	2.2 NAME		Money, Joy-D		
STREET ADDRESS			2.3 S	TREET	ADDRESS	2490 S. Biscayne Dr.		
C/TY-ST-ZIP	SARASOTA FL		2.40	HTY-S	T-ZIP	North Dort Elorida 24297		
TITLE	VP	☐ DELET	3.1 T	TLE		TVD V Change C Addition		
NAME	MONEY, KEITH A		3.2 N			Money, Keith A.		
STREET ADDRESS	2403 PINEHURST ST		3.3 S	TREET	ADDRESS	3133 ² Regatta Circle		
CITY-ST-ZIP	SARASOTA FL		3.4. 0	ITY-S	T-ZIP	Sarasota, Florida 34231		
TITLE		☐ DELET	E 4.1 Ti	TLE		VP Change Addition		
NAME			4, 2 N	IAME		Webb, Ted		
STREET ADDRESS			4.3 S	TREET	FADDRESS	1004 59th St.N.W.		
CITY-ST-ZIP				ITY-S		Bradenton, Florida 34209		
TITLE		☐ DELET				☐ Change ☐ Addition		
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREE	TADDRESS	s		
CITY-ST-ZIP	1		5.4 C	ITY-S	T-ZIP			
TITLE		☐ DELE1	TE 6.1 T	TLE		Change Addition		
NAME .	}		6.2 N	AME				
INVANCE .	}			TOCC	TADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP