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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028708 (3)

BMS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5918 LANE CIRCLE SOUTH

FILED Apr 20 1998 8:00am Secretary of State



5918 LANE CIRQUE SOUTH JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1229 LANE CIRCLE E 1229 LANE CIRCLE E 59-3235767 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be JACKSONVILLE JK CKGOWVILLE П 23 26 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible ÚSA SA Yes 25 Personal Property Tax due June 30. □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VILLANUEVA, LAMBERTO 5918 LANE CIRCLE S. Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32254 83 RA City Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change Addition TITLE 1.1 TITLE VILLANUEVA, LAMBERTO NAME 1.2 NAME 5918 LANE CIR SOUTH STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition WYATT, PETER 2.2 NAME 5918 LANE CIR SOUTH STREET ADDRESS 2.3 STREET ADDRESS Jacksonville FL 32254 CITY-ST-ZIP 2.4 City-St-ZiP Change DELETE TITLE 3.1 TITLE Addition WEEKS, MILTON D NAME 3.2 NAME **5918 LANE CIR SOUTH** STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ... Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 attrachment with an address.

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4.14.98

904-783.8187