

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 # P94000031262 (6)

1. Corporation Name

BCH INVESTMENTS, INC.



Principal Place of Business

Mailing Address

877 EXECUTIVE CENTER DR W
GLADES BLDG SUITE 303
ST PETERSBURG FL 33702

877 EXECUTIVE CENTER DR W
GLADES BLDG SUITE 303
ST PETERSBURG FL 33702

3. Date Incorporated or Qualified 04/22/1994
3a. Date of Last Report 04/27/1995

4. FEI Number 59-3240266
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Spring Hill Dairy Queen

26 Suite, Apt. #, etc.

22 2107 Marinier Blvd.

27 P.O. Box 22095

23 Spring Hill, FL

28 St. Petersburg, FL

24 34609 25 US

29 33742 30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASCARA, ERNEST L
877 EXECUTIVE CENTER DR W
GLADES BLDG SUITE 303
ST PETERSBURG FL 33702

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 title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME GREEN, JEFFREY B
STREET ADDRESS 1995 GOLFVIEW DRIVE
CITY-ST-ZIP DUNEDIN FL 34698

TITLE V ☐ DELETE
NAME SEAMANDS, O H
STREET ADDRESS 40 CAMELIA COURT
CITY-ST-ZIP OLDSMAR FL 34677

TITLE T ☐ DELETE
NAME BERGEN, ROBERT E
STREET ADDRESS 9918 NO. LAMPLIGHTER LANE
CITY-ST-ZIP MEQUON WI 53092

TITLE S ☐ DELETE
NAME DUSEK, JONATHAN T
STREET ADDRESS 100 1ST AVENUE NO. 2A
CITY-ST-ZIP CEDAR RAPIDS IA 52401

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 4293 Fox Meadow Dr. SE
4.4 CITY-ST-ZIP Cedar Rapids, IA 52403

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)