


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

FILED

Jun 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000031262 (6)

1. Corporation Name
BCH INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~SPRING HILL DAIRY QUEEN~~
~~2097 MARINER BLVD.~~
~~SPRING HILL FL 34609~~
~~US~~

P. O. BOX 22095
GLADES BLDG SUITE 303
ST PETERSBURG FL 33742-2095
US



2. Principal Place of Business

2a. Mailing Address

21 Spring Hill Dairy Queen
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 2097 Mariner Blvd.

27

City & State

City & State

23 Spring Hill, FL

28

Zip

Country

Zip

Country

24 34609

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3240266

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GREEN, JEFFREY B
STREET ADDRESS 1095 GOLFVIEW DRIVE
CITY-ST-ZIP DUNEDIN FL 34606

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME DUSEK, JONATHAN T
STREET ADDRESS 4293 FOX MEADOW DR, SE
CITY-ST-ZIP CEDAR RAPIDS IA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 GREEN, JEFFREY B.
1.3 STREET ADDRESS 1307 South Main Street
1.4 CITY-ST-ZIP Racine, WI 53403

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 DUSEK, JONATHAN T.
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 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.

SIGNATURE

SIGNATURE OF JEFFREY B. GREEN

President 216 (414) 633-3428

CR2E034 (9/96)