FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:07

DOCUMENT # P94000037874 (2)

1. Corporation Name
BXI OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
519 BOXELDER AVENUE ALTAMONTE SPRINGS FL 32714	519 BOXELDER AVENUE ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 722 COMMERCE CIRCLE
22: Suite, Apt. #, etc
23: City & State: LONGWOOD
24: Zip: 32750 25: County: USA

2a. Mailing Address
26: 722 COMMERCE CIRCLE
27: Suite, Apt. # etc
28: City & State: LONGWOOD
29: Zip: 32750 30: County: USA

4. FEI Number: 59-3256377 ☐ 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

9. Name and Address of Current Registered Agent

DUCLOS, JOCELYN
519 BOXELDER AVENUE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: JOCELYN DUCLOS
82 Street Address (P.O. Box Number is Not Acceptable): 722 COMMERCE CIRCLE
83:
84 City: LONGWOOD FL 85 Zip Code: 32750

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: JOCELYN DUCLOS — 5-12-95
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature (required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DUCLOS, JOCELYN	12 NAME	
STREET ADDRESS	519 BOXELDER AVENUE	13 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY ST ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	DUCLOS, GINETTE	22 NAME	
STREET ADDRESS	519 BOXELDER AVENUE	23 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: JOCELYN DUCLOS — 5-12-95 — (407)834-1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030417 CP