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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 MAR 31 PM 12:09

DOCUMENT # **P94000060232 (3)**

1. Corporation Name
B.N.I., INC.

Principal Place of Business	Mailing Address
~~6200 EVERGREEN AVE.~~ ~~SEMINOLE FL 34642~~	~~6200 EVERGREEN AVE.~~ ~~SEMINOLE FL 34642~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8950 Seminole Blvd	26 8950 Seminole Blvd
Suite, Apt. #, etc. 22 Suite 2	Suite, Apt. #, etc. 27 Suite 2
City & State 23 Seminole, Florida	City & State 28 Seminole, Florida
Zip / Country 24 34642 / 25 U.S.A.	Zip / Country 29 34642 / 30 U.S.A.

4. FEI Number: 59-3264581 ☐ 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	10. Name and Address of New Registered Agent
~~RUSTIN, LAURA D~~ ~~6200 EVERGREEN AVE.~~ ~~SEMINOLE FL 34642~~	81 Name: Jimmy D. Rustin 82 Street Address (P.O. Box Number is Not Acceptable): 6200 Evergreen Ave 83 84 City: Seminole FL 85 Zip Code: 34642

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] Jimmy D. Rustin 3/27/95
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RUSTIN, JIMMY D	12 NAME	
STREET ADDRESS	6200 EVERGREEN AVE.	13 STREET ADDRESS	
CITY ST ZIP	SEMINOLE FL 34642	14 CITY ST ZIP	
TITLE	Director	21 TITLE	☐ Change ☐ Addition
NAME	Stephen M. Green	22 NAME	
STREET ADDRESS	15926 Marshfield Dr.	23 STREET ADDRESS	
CITY ST ZIP	Tampa, FL 33624	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)(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] Stephen M. Green 3/27/95 (813) 398-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #