

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000067365 (4)

1. Corporation Name

BAMCO, INCORPORATED

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1710 NE 40TH AVENUE OCALA FL 34470	Mailing Address 1710 NE 40TH AVENUE OCALA FL 34470
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/09/1994	3a. Date of Last Report N/A
4. FEI Number 59-3292549	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 RYDER, CHRISTOPHER 1710 NE 40TH AVENUE OCALA FL 34470	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCLELLAN, BARBARA N	1.2 NAME	
STREET ADDRESS	501 GEORGETOWN DRIVE STE. 24	1.3 STREET ADDRESS	
CITY, ST, ZIP	TRAVERSE CITY MI 49684	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	RYDER, CHARLES C	2.2 NAME	
STREET ADDRESS	1710 NE 40TH AVENUE	2.3 STREET ADDRESS	
CITY, ST, ZIP	OCALA FL 34470	2.4 CITY, ST, ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCLELLAN, BINGHAM JR	3.2 NAME	
STREET ADDRESS	2402 BORDER LANE	3.3 STREET ADDRESS	
CITY, ST, ZIP	SAN ANTONIO TX 78232	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, upon an attachment with an address.

SIGNATURE:  CHARLES C. RYDER 7/21/95 (904) 236-7977
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR