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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DOCUM 1. Corporation N	996 IENT # P9400	0067365 (4					
BAMCO	, INCORPORATED						
Principal Place of Business Maning Address						•	
1710 NE 40TH AVENUE		1710 NE 40TH AVENU OCALA FL 34470	IE				
OCALA FL 34	4/0	OCALA PL 34470			Date Incorporated or Qualified	3a. Date of	Last Beriort
					09/09/1994		7/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	do re-	Applied For
1		26			59-3292549		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
2		City & State			6. Election Campaign Financing		\$5.00 May Be
City & State		28			Trust Fund Contribution		Added to Fees
Zip	Country	7 <sub>(p)</sub>	Country		8. This corporation has liability for i		nder's 199.032,
4	25	29	30		Tioned Outland	No No	
	9. Name and Address of Curren	t Registered Agent	04	I koma	10. Name and Address of New F	egistered Age	ent
			81				
RYDER, CHRISTOPHER			62	Street Add	iress (P.O. Box Number is Not Acceptab	le)	
	40TH AVENUE		83				
OCALA I	FL 34470		L				
			84	City		FL	35 Zip Code
familiar with	h, and accept the obligations of, Sect	non 607.0505, Honda Statute	s. Öre Bigarootka		ard of directors. Theretry accept the app	DATE .	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		RECTORS IN 12 Change
TITLE	CD	DELETE				L.)	phange [_] Addition
NAME	MCCLELLAN, BARBARA N 501 GEORGETOWN DRIVE STE. 24 TRAVERSE CITY MI 49684		1.2 NAME 1.3 STHEEL ADURESS				
STREET ADDRESS			1.4 Crl Y -				
CITY - S1 - Z-P TITLE	PD PD	DELETE		2			Change Addition
NAME	RYDER, CHARLES C		2.2 NAME				
STREET ADDRESS	1710 NE 40TH AVENUE		23 STREE	LADDRESS			
CITY-SI-ZIP	OCALA FL 34470		2.4 C:TY-				O F3 1445
TITLE	VO	☐ DELFTE	3 1 TI*(E	i		L	Change 🔲 Addition
NAME	MCCLELLAN, BINGHAM JR		3.2 NAME				
STREET ADDRESS	2402 BORDER LANE			E1 ACORESS			
CITY - ST - ZIP	SAN ANTONIO TX 78232		3 4 CITY - ST - ZIF    DELETE				Change
TITLE		[ ] precit	4.2 NAM	i i			· <del>-</del>
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZiP			4.4 City	ŀ			
THLE		DELETE	5 1 100				Change Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	EL ADDRESS			
CITY - ST - ZIP			5 4 CITY				Change C) Addition
7)7) 6	I .	☐ ĐELET <del>E</del>	6 1 TITL	: 1		L	Change

6.4 CHY-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 changes on on an attachment with an address. CITY - ST - 2IP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: C

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR POWER NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96

(352) 236-7977

CR2E034 (12/95)