

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 16 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068318 (2)

1. Corporation Name

BKH ADVISORY SERVICES, INC.

Principal Place of Business

42 SOUTH PENINSULA DRIVE
DAYTONA BEACH FL 32118

Mailing Address

42 SOUTH PENINSULA DRIVE
DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

4. FEI Number

59-327 0026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

THE LAW FIRM OF LAWRENCE J. SPIEGEL CHTRD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

DAN BOWERTACK

82 Street Address (P.O. Box Number is Not Acceptable)

42 SO. PENINSULA DR.

83 City

DAYTONA BEACH

FL

85 Zip Code

32118

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 607.1505, Florida Statutes.

SIGNATURE

Dan Bowerback
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent Signature required when resigning

1-9-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

KEYES, GERALD P

STREET ADDRESS

42 SOUTH PENINSULA DRIVE

CITY-ST-ZIP

DAYTONA BEACH FL 32118

TITLE

V.P.

NAME

MICHAEL HALSEMA

STREET ADDRESS

42 SO. PENINSULA DR.

CITY-ST-ZIP

DAYTONA BEACH FL 32118

TITLE

SECRETARY

NAME

DAN BOWERTACK

STREET ADDRESS

42 SO. PENINSULA DR.

CITY-ST-ZIP

DAYTONA BEACH FL 32118

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 111.07(3)(a), 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 appointment with an addendum.

SIGNATURE:

Dan Bowerback
Signature, typed or printed name of signing officer or director

1-9-95

904-2530627

(Signature) (Phone)