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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000069436 (1) DOCUMENT

| BP ENE | RGY, INC. | | | | | | | | | | |
|--|---|---------------------------------|-----------------------------|--------------------|--------------------------|----------------------------------|---|--------|-----------------------------|---------------------------------|-----------------|
| Principal Place of Business Mailing Address | | | | | | | i i fi Aire fil ein i fill finite baist beitt a | | , 18111 2168 2 1 | | |
| 3202 FOX SOUIRREL LANE VALRICO FL 33594 3202 FOX SOUIRREL LANE VALRICO FL 33594 | | | | | | | | | | | |
| | | | | | | | Date Incorporated or Qualified 09/21/1994 | 1 | of Last Re /14/1995 | • | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | 4. FEI Number | | XA | pplied For | |
| 21 | og or produced | 26 | <u>-</u> | | | | -65-3268523 59-3 | 52685 | 23 N | lot Applicable | |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | X | | Additional lequired | | |
| City & State | City & State | & State | | | | 6. Election Campaign Financing | | | May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees | _ | |
| Zip | Country | 7ip | · — | | | | 8. This corporation has lability for i | | x under s | 199.032, | |
| 24 | 25 | 29 | 30 | T | | | Florida Statutes Yes 1. Name and Address of New R | - | Agant | | _ |
| | Registered Agent | | | | | O. Name and Address of New R | egistereo | -Agent | | | |
| | | | | 81 | Name | | | | | | _ |
| PUSTIS, ROBERT R 3202 FOX SQUIRREL LANE | | | | 82 | Street A | ddress | ress (P.O. Box Number is Not Acceptable) | | | | |
| • • • • • • • | FL 33594 | | | 83 | | | | | | | |
| | | | | 84 | City | | | FL | . | Code | |
| tamiliar witi | o the provisions of Sections 607.0502 ad agont, or both, in the State of Florid h, and accept the obligations of, Section | ort 607,0505, Florida cialdico. | s, the ab ed by the | ove-n corpx | named cor oration's b | poratio poard o | n submits this statement for the pur f directors. I hereby accept the appo | | inging its re registered | egistered office agent. I am | e |
| SIGNATURE: | Signature typed or printed name of regetered ago: La | and the Papphoatric. NOT | | d Age∩ | t signature rea | advided whe | an reinstating) ADDITIONS/CHANGES TO OFF | DATE | DIDECTO | DR IN 19 | <u>&</u> |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | | ADDITIONS/CHANGES TO OFF | | Change | Addition | CR2E034 (12/95) |
| TITLE | DPST | DETETE | 1.170 | | l | | | | Unange | | 4 |
| NAME | PUSTIS, JEAN MARIE | 1. | | 1,2 NAME | | | | | | | |
| STREET ADDRESS | 3202 FOX SQUIRREL LANE | | | 1.3 STREET ADDRESS | | | | | | | ᆝ껆 |
| CITY - \$1 - ZIP | VALRICO FL 33594 | | 1.4 CHY-ST-ZIP 2. 1 THLE | | | | | Change | Addition | ö | |
| TITLE | V DUATIO DADENT D | ר"ו הנוגונ | <u></u> | | | | | | | | |
| NAME | PUSTIS, ROBERT R | | | NAME Proces | ADDRESS | | | | | | ĺ |
| STREET ADDRESS | 3202 FOX SQUIRREL LANE VALRICO FL 33594 | | 1 | STREET CITY - S | ADDRESS 1. 210 | | | | | | |
| CITY-ST-ZIP | YALNIOU FL 33384 | □ DELETE | DELETE 3.17 | | 11-211 | ··· | |] | Change | ☐ Addition | _ |
| TITLE | | | | 3.2 NAME | | | | | | | |
| NAME exercis about co | | | | | T ADDRESS | | | | | | |
| STREET ADDRESS | | | | DiTY-S | | | | | | | |
| CITY-ST-ZIF | | DELETE | | TITLE | | | | 1 | Change | Addition | |
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| STREET ADDRESS | | | 4.3 | \$TREET | r address | | | | | | |
| CITY-ST-7IP | | | 4.4 | CHY-5 | \$1~2IP | | | | , | | |
| THLE | | ☐ DELETE | 5.1 | TITLE | | | | 1 | Change | Addition | |
| NAME | | | 5.2 | NAME | ļ | | | | | | |
| STREET ADDRESS | | | 5.3 | STREET | T ADDRESS | | | | | | |
| CITY-S1-ZIP | | | 5.4 | C(1Y-5 | ST - 71° | | | | | | _ |
| TILE | | DELETE | 6 1 | TITLE | | | | ļ | Change | ☐ Addition | ĺ |
| NAME | | | 6.2 | NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 | STRLE | T ADDRESS | | | | | | |
| CITY - ST - 7/P | | | 6.4 | 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: ROBERT R. Pastis Pringed Name of Signing OFFICER OF OFFICER OFFICER OF OFFICER OFF

813 -689 6988 Destrine Phone I