

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90032 002 ***150.00

DOCUMENT # P94000069631

1. Corporation Name
BMR CAPITAL, INC.

Principal Place of Business

4350 COLONIAL BLVD.
FORT MYERS FL 33912

Mailing Address

4350 COLONIAL BLVD.
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1994

4. FEI Number

65-0522171

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 116 MAGNOLIA

2a. Mailing Address

26 116 MAGNOLIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SEBRING

City & State

28 SEBRING FL

Zip

24 FL

Country

25 USA

Zip

29 33870

Country

30 USA

9. Name and Address of Current Registered Agent

CARR, MICHAEL A
116 MAGNOLIA AVE
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CARR, MICHAEL
STREET ADDRESS 116 MAGNOLIA AVE
CITY-ST-ZIP SEBRING FL 33870 ☐ DELETE

TITLE SD
NAME CARR, CAROLYN S
STREET ADDRESS 116 MAGNOLIA AVE
CITY-ST-ZIP SEBRING FL 33870 ☐ DELETE

TITLE VPTD
NAME DROHAN, MIKE
STREET ADDRESS 1002 TERRY DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: CAROLYN S. CARR (941)
Date 3-22-99 382-1178
Daytime Phone #

CR2E034 (11/98)