

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002450 (1)

1. Corporation Name
BMCH, INC.



Principal Place of Business

3926 NW 62ND AVENUE
GAINESVILLE FL 32653

Mailing Address

3926 NW 62ND AVENUE
GAINESVILLE FL 32653

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

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

4. FEI Number

59-3287959

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

ABACUS ACCOUNTING & TAX SERVICE
516 SE 17TH STREET
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name Robert W Herndon

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

3926 NW 62nd Ave

83

84 City

Gainesville

FL

85 Zip Code

32653

11. Pursuant to the provisions of sections 607.05(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 agree to the provisions of Sections 607.05(2) and 607.15(2), Florida Statutes.

SIGNATURE

Robert W Herndon

Date of Appointment as Registered Agent

4/15/96

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME HERNDON, ROBERT W
3. STREET ADDRESS 3926 NW 62ND AVE
4. CITY-ST-ZIP GAINESVILLE FL 32653

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D/P

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form 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 included 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 of this report as an officer or director with an address:

SIGNATURE: *Robert W Herndon* Robert W Herndon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

352-690-1851

Daytime Phone #

CR2E034 (12/95)