SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

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

1996 8-9-96 B- 76952 C

DOCUMENT # P95000020888 (0)

1. Corporation Name

BVS, INC.

Principal Place of Business	Mailing Address
2380 WILLISTON RD. #421 GAINESVILLE FL 32608	2330 WILLISTON RD. #421 GAINESVILLE FL 32608

3. Date Incorporated or Qualified: 03/13/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3315414	☐ Applied For ☐ Not Applicable
21 2600 S.W. Williston Road	26 P.O. Box 14242!	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Suite, Apt. #, etc: 22 1603	Suite, Apt. #, etc: 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State: 23 Gainesville, FL	City & State: 28 Gainesville, FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
Zip: 24 32608 / Country: 25 USA	Zip: 29 32614-2421 / Country: 30 USA		

9. Name and Address of Current Registered Agent

BAILEY, JAMES E
2330 WILLISTON RD.
#421
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name: JAMES E. BAILEY
82 Street Address (P.O. Box Number is Not Acceptable): 2600 SW Williston Road #1603
83
84 City: Gainesville FL 85 Zip Code: 32608

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: N/A
(Signature of the President or Vice President and the Registered Agent) (New Registered Agent's signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BAILEY, JAMES E		1.2 NAME	Bailey, James E	
STREET ADDRESS	2330 WILLISTON RD., #421		1.3 STREET ADDRESS	2600 S.W. Williston Road, #1603	
CITY-ST-ZIP	GAINESVILLE FL 32608		1.4 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: James E. Bailey James E. Bailey 7/15/96 (352)336-6413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #